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## ORIGINAL COMMUNICATIONS.

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### EXTIRPATION OF THE PAROTID GLAND.

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By DANIEL BRAINARD, M. D., Prof. of Surgery in  
Rush Medical College.

Timothy Bradley, of Fond du Lac, Wisconsin, aged 45, healthy, of good constitution, perceived when he was 21 years of age a tumour below the body of the lower jaw. This grew to the size of his "fist" without pain, and was removed in 1850 in Ireland.

About 1858 he perceived it returning in a small tumour behind the ramus of the jaw on the right side. It grew without pain until Jan. 1863, when it presented the appearance shown in the photographic figure. It then extended up to the zygomatic arch, and down to the middle of the neck, forward upon the side of the face, and backwards under the sterno-mastoid muscle, was detached, very moveable, but the skin was adherent to the surface.

Wednesday, Jan. 14th, 1863, I removed it in presence of the Medical Class of Rush Medical College, assisted by Prof. J. W. Freer.

Two incisions were made to embrace the adherent portion of the skin, which was then dissected up before and behind. I then commenced separating it from below upwards with the

finger. This was readily done till the back and upper part was reached where it involved the external carotid and jugular vein, which were tied below and then divided. The dissection was then completed mostly with a blunt instrument. The upper end of the external carotid artery required ligature, and one branch below. The tumor in its growth had drawn the parotid gland out of its place so that it was not difficult to pass an instrument behind its upper part.

When the tumor was removed, there was a space extending from the articulation of the lower jaw below the corner of the Os-Hyoides. The styloid process, stylo-hyoid ligament, the internal jugular vein and internal cerebral artery were exposed, and the space behind and within the ramus of the jaw was cleared.

Pro. Freer, for many years Prof. of Anatomy in the College, examined carefully and could find no trace of the Parotid gland. The right side of the face was paralyzed.

On examination of the tumor, pieces of the gland in a healthy state were found around the upper edge, below this a considerable part seemed composed of the same tissue altered in structure which was softened and redder than natural. At the lower part there was a softer granulated mass, which Dr. Freer examined with the microscope. He found no common cells, but rounded granules with traces of ducts.

Without assuming to decide positively as to the tissue in which this disease originated, it is certain that it involved the whole of the Parotid gland except slight particles above.

To the naked eye the structure of it appeared to be the fibro splastic material. No doubt can, I think, exist as to the removal of the entire gland, which I have removed in two other instances, and the reports of which cases have been heretofore published in this Journal.

The time required to complete the operation was perhaps thirty minutes. The hæmorrhage was considerable, but by tying the external carotid before dividing it, this was partly controlled. No accident happened to the patient, and in twenty days he returned home with the wound nearly healed.

REPORT OF  
SEVEN CASES OF GUNSHOT FRACTURE OF THE  
THIGH, TREATED CONSERVATIVELY.

By R. M. LACKEY, M. D., Surg. 98th Ill. Vols.

Conservative military surgery has had its praises and denunciations, so that if we rely upon the opinions of others as a means of forming a correct opinion ourselves, we will often be greatly puzzled to know what conclusions to arrive at in regard to the conservative treatment of certain classes of wounds. It is not my purpose at this time to advance an opinion and adduce cases in support of it; but I design merely to make a brief report of a few cases that have come under my observation with the hope that it may aid the profession in determining what *are* the advantages of conservative treatment, in the class of wounds to which the following cases belong.

CASE I.—Ed. O'Neil 16th U. S. Infantry, age 40 years, has always been healthy and temperate. He was wounded at the battle of Stone River, Dec. 31, 1862. The ball entered anteriorly in the upper portion of the middle third of the left thigh, fracturing and comminuating the bone. He was removed to the field hospital near the battlefield and but little dressing used besides bandaging the limb; no erysipelas or gangrene occurred, and at this date April 20, 1863, there is firm union of the bone, and but little discharge from the wound. There is considerable angularity of the limb and two inches and a half shortening. With care he will be able to be around on crutches in about a fortnight.

CASE II.—Jno. M. Whortenbury, Private 15th Reg. Vols., 18 years of age, temperate habits and tolerably good constitution.

He was wounded at Stone River, Dec. 31st, 1862, by a

minnie ball which entered anteriorly in the lower third of the left thigh, producing a comminuted fracture of the bone. The treatment locally, consisted chiefly in the application of a bandage to the limb, and the constitutional treatment, in tonics, nutritious diet, &c. No erysipelas or gangrene has occurred up to this time, and there is now firm union of the bone, and if nothing unfavorable supervenes he will be up in a short time. There is shortening of two inches and a half. According to the account this boy gives, he was evidently wounded by a minnie ball at short range.

CASE III.—Jas. Gilloghy, Private 21st Ill. Vols., 28 years of age of good constitution; was wounded at Stone River, Dec. 31st, 1862. The ball entered posteriorly, fracturing the thigh in the middle third. The treatment in this case was about the same as that used in the preceding ones. No erysipelas or gangrene occurred. At this date there is firm bony union and a starch bandage has been applied and the man is going around on crutches. There is but little angularity and the limb is only an inch and a half shortened. There was in this case evidently but little comminuation of the bone as there were no spiculæ came out of the wound, and the shortening is less than in the other cases. No extension was used in either of the cases.

CASE IV.—Thomas Thomason, Private 15th Wis. Vols., aged 19 years; was wounded at Stone River, Tenn., Dec. 31st, 1862. The ball entered posteriorly in the middle third of the thigh, and lodged beneath the skin on the anterior portion of the thigh, a little above the knee joint. The point of fracture was in the middle third. There is still some discharge of matter from both openings, and the patient is considerably emaciated; he is in better condition now, however, than he has been at any time since he was wounded, and if he continues and improves as he has been doing, there is every reason to believe that he will recover with a tolerably useful limb. There is shortening of two inches in this case.

CASE V.—Andrew Cox, Private 88th Ill. Vols., aged 32



years, was wounded at Stone River, Tenn., Dec. 31st, 1862. The ball entered anteriorly in the middle third of the thigh and emerged posteriorly two inches lower than it entered. The femur was fractured and comminuted at about the union of the middle and lower third. He was removed to Hospital No. 1 Murfreesboro, and the limb placed on a double inclined plane, where it remained until a few days ago, when a starch bandage was applied and the man is now going around on crutches. There was, I think but little splintering of the bone in this case, as there were but few spiculæ came out, and the wounds closed unusually soon. No erysipelas occurred. There is two inches shortening of the limb. This man refused a discharge from the service and insisted that he could be useful yet as an ambulance driver. Gunshot fracture of the thigh is not so fearful a wound, when it occurs in a man of the physical endurance and *pluck* of Andrew Cox.

CASE VI.—John Handy, private, 101st Ohio Vols., aged 26 years, received gunshot fracture at Stone's River, Dec. 31st, 1862. The ball entered on the outer side in the lower third of the thigh, passing through and fracturing the femur. Spiculæ of bone came away with the matter discharged from the wound, for a long time. The limb was placed in straight position and but little dressing applied. There is now bony union and the wound is almost closed. This case now promises to be happy in its results.

CASE VII.—Private Sanders, 36th Ills. Vols., aged 18 years, was one of the brave boys who fought so stubbornly on the "right wing" at Stone's River, and he was wounded on the memorable 31st of Dec., 1862. He says he was struck at short range and by an Enfield rifle ball, which entered anteriorly in the upper third of the left thigh. The treatment was simple: the limb placed in a straight position, without splints, and kept well cleansed. The bone is united and the boy's general condition is good; there is still some discharge from the wound, but the case bids fair to be successful. There is a shortening of about two inches and a half. A large number

of spiculæ of bone have come away, showing that there was extensive comminution.

The course of procedure recommended by Guthrie in this class of wounds is seldom adopted by our Surgeons. He says (page 151, Commentaries of the Surgery of War,) "An examination by the finger in the first instance is necessary to ascertain the extent of injury to the bone, and to enable the Surgeon to remove the broken portions, as well as the ball and any extraneous substances that may be in the wound. The incisions necessarily required for this purpose in the thigh, are sometimes neglected, or the Surgeon refrains from making them from the great thickness of the muscular parts, &c." Now the incisions referred to here are, according to my observation, for some reason seldom made by our Surgeons, and I think there is no doubt but that more cases of this kind of injury could be successfully treated, if dilatation of the wound by incision was more frequently resorted to. It was once the common practice with military Surgeons to dilate, by incision, the wound made by the ball, with a view of "limiting the inflammation." John Hunter pointed out that an incision could not alter the nature of a contused wound, and only superadded another injury to the one already inflicted by the bullet, and since that time the practice has been reprobated by most Surgeons. One writer on Military Surgery, (Baudens,) calls the process "useless and barbarous," and as a means *merely* of limiting the inflammation, the operation is certainly unnecessary, but for other purposes I regard it as highly useful. In the majority of cases of this nature, death occurs from exhaustion and vitiation from long continued irritation and suppuration, the matter often burrowing among the tissues and forming cavities where it remains until it becomes exceedingly offensive and the structures around become gangrenous. I regard the operation of great importance as a remedy for those evils; the best means of lessening inflammation in a gunshot wound, and one that is in most instances successful, is by cold irrigation, water dressings, with rest, &c. The main advan-

tages in making a free incision, enlarging either the aperture of entrance or exit, are in affording a free exit for the matter and spiculæ of bone, thus lessening the danger of exhaustion from long continued irritation, and avoiding the evil consequences attending the burrowing and retention of the discharges. These incisions should be made primarily and at whichever aperture is most dependant, provided, an incision made in the direction of the axis of the limb, at this point does not involve important structures, as blood vessels, nerves, &c. The loose spiculæ of bone, and any extraneous substances, should be removed at once and a free opening maintained to afford an easy exit for any pieces of bone or sloughs that may subsequently separate.

Patients sometimes die after the bony union has taken place and in these cases, upon examination, it will be found that the pus and blood have burrowed, for want of a free external opening, and formed cavities among the muscles, and the patient eventually dies from the extensive disease of the soft parts, after bony union is complete. When I first saw Ed. O'Niel, (Case I,) about two months and a half after he was wounded, I had but little hope of his recovery. There had been no incision made to allow the discharges to escape readily and cavities filled with pus and blood were found even among the Glutei muscles. I made a free opening and after the matter escaped injected a solution of Iodine, which was repeated for several days, and there was soon a decided improvement in the man's general condition, and the discharge became less and more healthy. Bandaging the limb is useful in preventing the infiltration of blood and pus among the tissues, but it is difficult in most cases to apply a bandage without causing the patient great suffering in moving the injured limb.

It is of great importance that the patient should have a bedstead and good mattrass to lie upon; few cases of gunshot fracture of the thigh get well in less than three months, and it requires great care to prevent the occurrence of bed-sores. The straight position I regard as the best, and but few and light dressings and splints can be applied with advantage.

I have not seen "Smith's Anterior" used, and I think there are but few cases in which it is applicable. Good diet, egg nog, whiskey toddy, wine, &c., are essential in the constitutional management.

War is not an agreeable occupation for the *many*, and particularly not for the soldier when he has the misfortune to receive a gunshot fracture of the thigh, for under the best and most careful treatment, in a majority of cases, the patient dies after days and it may be months of intense suffering.

Murfreesboro, Tenn., April, 1863.

[REMARKS.—The preceding cases of Surgeon Lackey are valuable, and the suggestions he makes judicious, although some of the cases may terminate fatally from presence of diseased or necrosed bone. In compound fractures of the femur from balls, unattended with division of the principal vessels, or the Sciatic nerve, I should recommend an incision to extract fragments of bone &c., which should be kept open by a tent, extension by a weight and pulley, as used by the old surgeons, and revived by Dr. Buck of the N. Y. Hospital. I used this treatment in the case of Capt. Shipman, 1st Wis. Cavalry, wounded at Cape Girardeau, by a pistol ball on the outside of the femur below the trochanter minor, and removed 17 fragments, some of them more than three inches long. Four weeks after the operation he was doing well.

The injection of a weak solution of Iodine as an antidote to the effect of absorption is important. D. B.]

### CASES OF CEREBRO-SPINAL AFFECTION.

By R. E. McVEY, M. D., Waverly, Ill.

I propose to give in outline a brief history of four cases of the so-called Cerebro-Spinal Affection as it has presented itself in my practice of late.

CASE I.—Feb. 17th, was called to see Mr. D. S., who had

been sick about twelve hours. Taken with a chill, followed by high febrile excitement and pain in the head, back and legs. Upon my arrival I found him in a moribund condition, consequently gave him nothing. Death taking place in about two hours after my arrival.

CASE II.—March 4th, was called to see Mr. C. C. H., who had had a chill. Upon my arrival I found him under high febrile excitement, with pain in the head, back and legs. Suffusion of the eyes, stiffness of the muscles of the neck, and delirium, tongue coated with a thin whitish coat, bowels constipated, pulse about 140 per minute. Treatment, Mercury, Anodynes, Cold Water to the head, Verat. Viride.

7th. Saw him early in the morning; medicine had acted well, pulse 125, skin moist and red, difficulty of passing water, growing weaker. Treatment, Mercury continued, blister to the whole length of the spinal column, cold to the head, Quinine and Dover's every two hours.

8th. Comatose, spasms of the left side of the face. Bled him freely from arm. Continued cold to the head, gave Verat. Viride. Evening, moribund. Death taking place in a short time.

CASE III.—April 29th, called to see Mr. A. H., who had had a chill, followed with high febrile excitement, and redness of the eyes, and pain in the head, back and legs. Not differing particularly from the one given above. Death occurring the fourth day.

CASE IV. June 12th, was called to see Mr. S. F. about noon, who had had a chill early in the morning. When I arrived I found him under high febrile excitement, pain in the head, back and legs, and delirium, pulse 150, eyes congested, tongue slightly coated, bowels constipated, skin hot, with petechiæ over the extremities. Treatment, Mercury, Anodynes every two hours, with cold to the head.

13th. Saw him early in the morning, delirium increased, bowels moved freely twice in the bed, surface cold, pulse had disappeared at the wrist. Treatment, Carb. Ammonia, Stim-

uli, and blisters to the extremities. Evening, skin warm, pulse about 100. Gave Quinine, grs. vi, Submuriate, grs. iii, every three hours.

14th. Morning, growing weaker. Discontinued the Quinine and Mercury. Gave him Stimuli, Capsicum, and Carb. Ammonia. Evening, still failing. Died at 11, p. m. There were no post mortem examinations.

### CAMP DIARRHEA, NEAR VICKSBURG.

*June 22nd, 1863.*

Being in camp here about five weeks, crowded into a ravine, the men prevented from having the atmosphere of the hill tops by the enemies sharp shooters, and not procuring sufficient and suitable rations until quite lately, and being without sufficient tents and clothing to prevent them from the cold and dampness of the night, when Gen. Grant's army were on the march from Grand Gulf to this place, with all their fighting and fatigue—is it strange, that we should have many cases of Camp Diarrhea? Most cases in this regiments complain of pain across the abdomen below the umbilicus.

In some cases it is very severe, accompanied with tympanitis; others quite light. It is seldom a continual pain. There are some dysenteric cases where pain is lower down. Pulse in most cases natural, but not always. When there is pain in the epigastric region and at the same time vomiting, it is obstinate, unless promptly treated. There are but very few cases of this kind. I have noticed three different grades of the tongue. Sometimes covered with a yellow coat, at other times fissured with short deep fissures. The tongue in this case is large pale and flabby. Again having almost a natural appearance. Having charge of the Regiment in the field, I am obliged to depend on patients concerning the color of their stools which varies more than any one symptom. Some are



green, others dark, some tell me their stools look like water.

There have been a number of cases within the last few days with hemorrhage from the bowels, without much pain. The stools are large and frequent, it soon brings on lassitude and debility, unless checked in which I have found, no difficulty. But I am informed in another brigade, near by, many such cases prove fatal.

It is not dysentery, it wants the pain, fever, and other symptoms. In all cases the powers of digestion are weak. Food of easy digestion passes the bowels as taken into the stomach. The treatment must vary. In some cases with a clean tongue, with or without pain over the abdomen, opium from one to two grain doses, combined with either alum, tannin, or plumbi acetatis, has a good effect without any other treatment. In cases where alum was used, there was less pain and bloating after the diarrhea was checked. In those cases where there is severe pain with tympanitis, and the tongue covered with a yellow coat, the following powder has satisfied me, Calomel grs. x. to xv. bi-carb. soda grs. x. to xv. Ipecac gr. iss. M. The bowels move free with less pain. They complain no more of headache, &c., and, many cases without further treatment are well in a short time. But after this, if necessary, opium and astringents cure, if given before, increase the difficulty. In those rare cases of obstinate vomiting the ancient powder of small doses of Calomel once in two hours, operate well; combined if the stools are green with bi-carb soda. When accompanied by hæmorrhage the following powder has (in my cases) controlled it: Opium gr. j. Pulv. Camphor grs. ij. Acetat of Lead grs. iij. M. Leaving the patient with some pain but it would not last long.

Army surgeons are well aware, they have not under their control (for the privates), the most essential remedy, *good diet*.

GEO. WINCH, M. D.,

ASSISTANT SURGEON 29TH REG. WIS. VOL.



## FOREIGN CORRESPONDENCE.

LONDON, June 30th, 1863.

Prof. E. INGALS, M. D.,—*My Dear Doctor*, I embrace this my earliest leisure moment to fulfill my promise to write you from London. By a hasty look at medical matters here one can but be fully impressed with the fact that the material for clinical study is abundant, for in a city which contains three millions of people, and has so many well organized Hospitals in one or other of which every variety of disease is treated, every facility is offered to the medical student.

In some respects the London Hospital is favorably situated especially for the student of Surgery. It is in a part of the city where accidents are of frequent occurrence, such as fractures, dislocations, contusions, &c., and I am told that it is not an infrequent circumstance for students to leave other hospitals for a time and go to the London to familiarize themselves with the mode of treating these injuries, which they are in the habit of styling "the study of coarse surgery." Mr. Luke, who was for so many years connected with this hospital, and was among its most active officers, has retired, and devotes himself to a lucrative private Surgical practice. Mr. Critchet has also just resigned the office of Surgeon here, and has been succeeded by the appointment of Mr. Hutchinson, whose advancement is spoken of as remarkable, he having been first elected assistant Surgeon only about four years since.

One of the oldest and largest hospitals in the city is St. Bartholomew's. Here Mr. Paget is one of the leading Surgeons. He is a neat and dextrous operator. I noticed on his operating day that he prefers the circular to the flap operation in amputations of the thigh. As a lecturer he is agreeable, clear, concise, and graphic. A considerable portion of this hospital is appropriated to the diseases peculiar to females, and is under the direction of Dr. Greenhalgh, who was elected

Professor of Obstetrics, &c., about a year and a half ago. Having so recently entered upon the discharge of his duties in so large an institution, the Doctor is, as we might expect, industrious, vigilant and enthusiastic in the profession, and I may justly add he is a successful physician. The opportunity afforded him for testing the various methods of treating the numerous diseases to which females are subject, is quite unlimited, and is embraced to the fullest extent. The incision of the neck of the uterus for the cure of dysmenorrhœa is just at present the practice that seems to attract considerable attention at St. Bartholomew's, the results of the practice are represented as being highly satisfactory. While there is nothing new in the principles of this practice, its general adoption would hardly meet the approbation of the judicious physician in private practice. The Actual Cantery is frequently resorted to here, in cases of ulcerated os uteri, and with benefit in some cases, but I was led to infer that much annoyance was sometimes experienced by the extension of inflammation to the peritoneum, or causing pelvic cellulitis. The line between Medical and Surgical practice is distinctly marked here, as an instance a patient with procidentia uteri had obtained no relief from any of the numerous appliances resorted to, it was then decided to extend the perineum by causing a portion of the vulva to unite, which the obstetrician was willing to undertake, but etiquette required that the patient be removed to the surgical ward.

At the University College Hospital I witnessed the operation of Lithotomy by Mr. Errichsen, which was performed rapidly, but it is not usual that such troublesome hemorrhage is met with, as in this case. In the Obstetric department Dr. Murphy still gives the lectures as he has done for twenty years. His style is plain and his teaching practical. He has just issued the second edition of his book, which is considerably more comprehensive than the first, embracing now the main topics of a general course. Here the practice differs from that followed in some other places in London; the hysterotome and the actual cantery

are less frequently brought into requisition, much attention is given to correcting the *general health*, with the effect of removing local symptoms, and the same is true of the practice in this department in St. George's Hospital, where Dr. Lee denounces in no measured terms, the "cutting and burning" as French innovations which ought not to be countenanced.

The Samaritan Hospital is devoted to the treatment of diseases of females. Here a number of interesting cases may always be seen. The Surgeon of this institution, T. Spencer Wells, Esq., is just now doing considerable in the way of Ovariectomy. I witnessed the extirpation of a large ovarian tumor by him yesterday and was struck with the embarrassments which are liable to arise in this operation, even with a dexterous operator. I was unable to learn the per-centage of success of the operation here, but I find that the "Surgeons" have not adopted it as one of the ordinary operations. I met with eminent men here who represent the mortality from Ovariectomy as "fearful."

In the "London Surgical Home," which receives none but female patients, I saw several interesting cases. This is the institution where I. Baker Brown performs most of his operations. He attempted the restoration of the recto-vaginal septum on the day of my visit, which was the second attempt upon the same patient. He promised that one more operation would make the case complete. His operations are spoken of by the profession as being generally successful, without any novelty in the mode of their performance.

I was greatly pleased with my visit to the "National Hospital for Paralysis and Epilepsy," which is attended by Dr. Brown Sequard, who is without question the "right man in the right place." At this institution may be seen a large number of patients affected with various chronic diseases of the nervous centres. I was forcibly impressed with the careful manner of conducting the examinations of patients, the critical analysis of symptoms, and the candor and frankness in announcing opinions when difficulty arose. Every physician of any considerable experience, is fully aware of the obscurity of many cases of this class of diseases. I have seldom met a man in the profession whose acquaintance produced a more favorable impression upon my mind, than Dr. Brown Se-

quard. I found him an agreeable gentleman, as he is a profound medical scholar and successful physician.

At my visits to the "Museum of the Royal College of Surgeons" I could but notice the remarkable beauty, as well as the great number of preparations, many of them the work of the celebrated John Hunter, illustrating Anatomy, Physiology, Pathology, &c., &c., to study which would require many weeks of industrious application. As I could not study all, you will not be surprised that I devoted most of my time to the Obstetric department, which is so extensive and complete that little is left to be desired.

The medical lectures from certain chairs are given here during the summer season, a number of which I had the pleasure of hearing. While I was prepared to find less interest on the part of the classes of students, than I had been accustomed to see in the United States, I was surprised to hear a very good lecture, well *written*, read to a class of but eight students in the great city of London. When the number present was somewhat larger, I found that the roll was called, and each student was obliged to answer to his name under penalty.

I can not avoid the reflection that it is unfortunate for the student when the Professor is led by party prejudice or personal inclination to give but a partial view of a subject; that the discussion of a subject under such circumstances, however spirited, or however much talent and learning may be displayed, is unprofitable to the tyro, is not problematical.

My visit to London has been one of uninterrupted pleasure as well as profit, and the remembrance of it will ever excite in my mind the liveliest emotions of obligation for the uniform kindness and courtesy extended to me by the medical gentlemen with whom I met.

I leave to-morrow for Paris.

Truly yours, M.

## CONTINUED HISTORY OF A CASE OF "GOUGING."

By E. L. HOLMES, M. D., of Chicago,

*One of the Surgeons of the Chicago Charitable Eye and Ear Infirmary.*

In a former number of this Journal (December, 1859,) may be found the history of a case of injury of the eyes which has scarcely a parallel in the annals of Ophthalmic Science. I have lately had an opportunity of examining the patient, and hope an account of his present condition will not be uninteresting to the reader of the *Journal*.

For the benefit of those who may have forgotten the previous history of the case, I may state that an Irishman, 37 years of age, was attacked by some one, who forced his thumbs with such violence into the patient's orbits, as to rupture both globes. For six weeks the patient remained in the southern part of this State, totally blind, and received, as he stated, no other treatment than repeated doses of Sulphate of Magnesia, internally, and wet compresses locally. At the expiration of this time he was able to distinguish light, and gradually regained indistinct vision of large objects. Five months after the assault the patient came under my care. With the right eye he could see light and the shadows of objects passed in front of the eye; with the left eye he could, with a little assistance from an attendant, conduct himself in any of the streets of Chicago. The cornea of each eye was perfectly normal in appearance. The upper and inner sixth of each iris was absent; it had apparently been torn away, as in an operation for Iridiotomy. The pupils were consequently elongated. Near the inner extremity of each pupil was a cicatrix, at the union of the sclerotied and cornea, in which were involved particles of pigment, probably from the iris. A rupture of the globes had, without doubt, occurred at this place, and through the opening had evidently been forced the lost portion of iris and crystalline lens of each eye, for in neither eye could a trace of the lens be found. Trembling of the iris, usually observed after the removal of the lens, was absent in both eyes, probably on account of tension of the radiating fibres of the iris, produced by their contraction during cicatrization.

The vitreous humor of each eye was shown by the Ophthalmoscope to be so clouded with fine and black particles floating in its substance, that the vessels of the retina and the papilla of the optic nerve could be readily seen, especially in the right eye.

By the use of a simple supporting treatment the patient was so far improved in four months as to be able to walk without assistance and to read large signs across the streets, although he could not, even with the aid of double convex lenses, distinguish minute objects. The vitreous humor of both eyes had become nearly transparent, although vision of the right eye had not improved.

A few weeks since, more than three years and a half after my former report, the patient again consulted me in reference to his vision. Five months previously the perception of light in the right eye began to fail and in less than four months it was wholly extinct. The vision of the other eye has remained as before with possibly a slight improvement. The only change observable by simple inspection, is a marked trembling of each iris, which, it will be remembered, was not present three years ago.

In the right eye neither papilla nor vessels can be discovered with the Ophthalmoscope. Even the peculiar red disk almost invariably observed through the pupil by the Ophthalmoscope, cannot be seen.

By means of light concentrated by a powerful double convex lens obliquely upon the cornea, and thrown into the pupil a dark bluish mass can be seen lying behind the iris; this is undoubtedly the retina which has been detached from the choroid.

The papilla of the other eye is of an oval form and of a greenish blue color. It appears smaller than in a normal eye. The line of demarkation between the papilla and the retina is very distinct, except at its upper and outer portion, where a part of the optic nerve seems to be covered with lymph. Whether the oval form of the papilla is produced by an in-

crease of convexity in the cornea in the direction corresponding to the long diameter of the papilla, I am unable to say.

The vessels of the retina are finer than in a normal condition of the eye, and appear more like solid threads than like vessels. The absence of the lens, which has a large magnifying power, will account for the apparent decrease in the size of the papilla and vessels. The red appearance of the retina and choroid is somewhat darker than normal, and different portions of these membranes seem of a different shade of redness.

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PEORIA, July 29th, 1863.

*Eds. Chicago Medical Journal:*—Having been sent by this city with the Sanitary Commission to Vicksburg, on the City of Alton, to attend to our wounded during the siege of that stronghold, and having visited Shiloh battle-field on the same mission over a year since, and Perryville, Ky., last fall, I feel it my duty to bear testimony to the efficiency of the Medical Corps of the Army. That they are discourteous to civilians I have never found, either on these battle-fields, or in the hospitals of Louisville, Danville, St. Louis, Mound City, Memphis, or any where else. On the contrary they have shown me every courtesy, and as a rule they are men of high moral tone of character, men who have kind hearts as well as skillful hands, men worthy of better pay and more praise than they have received from some presumptuous nurses, who never before, at one time, saw over three sick together. It is a shame that our army medical men are no better paid. Every Surgeon should rank as Colonel, and when in charge of Brigades or Divisions should rank and receive pay as Brig. General.

Then our best Surgeons would go more freely, and those who are competent would not resign so often. "Conservative Surgery" is now all the rage with army Surgeons, and while they cut unmercifully last year, this year they are a little too loth



to use the knife. But so it must be, we mortals are always on one extreme or the other.

The Government has now very ample facilities for treating all who may need medical care, save in very extreme cases. In all the armies of the Northwest I have met graduates of old Rush College, who, I am glad to say, in every case to my knowledge, have given unusual satisfaction. Dr. E. Powell, of Chicago, was recognized by Gen. Grant as a man of unusual ability, and placed in a high position, which but proves that true merit will not go unrewarded even when possessed by so modest and unassuming a man as Dr. Powell. All honor to our noble brethren who have sacrificed the comforts of home and family, and dared the uncertain sway of battles, not for pay, not for honor, but out of the promptings of humanity, in their noble hearts, towards their suffering and helpless fellow men.

M. M. EATON.

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### SELECTED:

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#### CALOMEL AND TARTAR EMETIC IN THE ARMY.

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The recent order of the Surgeon-General striking calomel and tartar emetic from the Supply List, has naturally excited a large amount of discussion and criticism in popular and professional circles. Quacks of every shade and complexion, from the infinitesimalist to the humblest dealer in roots and herbs, are exceedingly jubilant and profusely congratulatory. The old-school practitioner, who has to grapple daily with disease in all its multiplied forms, and solve the abstruse questions in therapeutics by actual experimentation, and who has come to give his faith to calomel and tartar emetic as his unfailing weapons in affections of great severity, fancies that a deadly blow has been aimed at his long tried and faithful allies. But students in the school of modern pathology and physiology look on with indifference, feeling that they have little or nothing at stake in the issue.

Thus far in the discussion of this order two questions have been raised:—1st, The propriety of the order, and, 2d, The propriety of removing from the Supply Table the articles referred to. The consideration of these two propositions evidently covers the whole ground. Let us examine them in detail.

It will not be denied that it is the duty of the Surgeon-General to regulate the Medical Supply Table. Annually, or oftener if necessary, the list of remedial agents to be employed by the Medical Staff must be revised, and such remedies added or stricken from it as the service may seem to demand. And the aggregate quantity to be used within a given time for a given force is also prescribed. No one questions the necessity or propriety of this revision of the Supply Table. It has never yet been alleged that in the discharge of this duty the Surgeon-General was impertinently interfering with the practice of the Medical Staff. Nor until now did it ever occur to any one that by this act the Surgeon-General reflected upon the professional qualifications of the surgeons of the army. On the contrary, the army surgeon has always been gratified at the revision of the table, for it seldom happened that new and important remedies were not added, and old and obsolete compounds stricken off.

The reason given in the order for striking calomel from the Supply Table is its abuse by military surgeons. The Surgeon-General states that he is officially informed that not only has profuse salivation been produced in innumerable cases; but that mercurial gangrene is of not infrequent occurrence. Finding it impossible to properly restrict the use of this powerful agent, he has ordered it stricken from the list of remedies furnished by the Department. He adds that he issues such an order with the more confidence, "as modern pathology has proved the impropriety of the use of mercury in very many of those diseases in which it was formerly unhesitatingly administered." That the Surgeon-General has presented sufficient reasons for his orders no one not stubbornly wedded to antiquated ideas can deny. The correctness of his information in regard to the lamentable consequences following the abuse of calomel no one will doubt who has visited many military hospitals, and inquired particularly as to the practice. A certain class of physicians almost invariably employ calomel, and always administer it in cases of doubtful diagnosis; and they are not satisfied unless they produce its constitutional effects, believing that it is only under such circumstances that it

is effectual. We have known of its exhibition in military hospitals to salivation in chronic diarrhoea, Bright's disease, chronic rheumatism, etc. But it may be said that in certain diseases it is acknowledged by all authorities to be useful, and is the army surgeon to be deprived of mercurials because certain persons abuse calomel? We answer, certainly not. There are still on the Supply Table several of the more eligible and useful preparations of mercury. There is the blue mass, mercury and chalk, bichloride, iodide, etc., all much more elegant than calomel, and far more likely to give the beneficial effects of mercury without the unfavorable results.

That modern pathology has very much limited the class of diseases to which mercurials have been considered especially applicable, is apparent on every page of our recent works on practical medicine and surgery. Within twenty years, from being one of the most frequently employed agents of the *materia medica*, it has come to take a very subordinate position. And it should be a cause of sincere congratulation with every practitioner that, with the advance of modern pathology, a remedy of so much power for evil, if injudiciously used, is gradually being supplanted, whether by a more correct knowledge of its therapeutical uses, or by more eligible and more intrinsically harmless agents. The same remark is true of tartar emetic. This article the Surgeon-General has also stricken from the Supply Table, "for the reason that diseases prevalent in the army may be treated as efficiently without tartar emetic as therewith."

After a careful review of this subject, with an extended observation among the military hospitals, and of inquiry among army surgeons, we are compelled to regard the order of the Surgeon-General as a judicious, and even a necessary measure. In the opinion of the best medical officers, in no other way could the evil have been successfully reached. Fully confirmed in this view, we must regard the harsh criticisms of the Surgeon-General by certain medical conservatives as exceedingly unwise and unjust. We believe that in this order, as in all his official acts, he has not only endeavored to advance the best interests of the army medical service, but equally to maintain the honor and dignity of the profession of which he is a distinguished member.—*Am. Med. Times.*

## DISINFECTANTS AND THEIR APPLICATION TO THERAPEUTICS.

Conclusions from facts contained in a memoir upon the subject published in the *Archives Générales*, by O. Reveil, Professeur agrégé à la Faculté de Médecine et à l'école supérieure de Pharmacie, &c., &c.

1st, That there probably exist many kinds of putrid fermentations, varying in their causes as in their effects.

2d, That there is no general disinfectant capable of being indiscriminately used in all cases;

3d, That liquid disinfectants are always preferable to others, other things being equal, when applied in therapeutics.

In their application to this purpose regard should be paid to their cost, the facility of their employment and the inconveniences they may cause by corroding, soiling or rendering unserviceable the linen dressings.

4th, The best disinfectant is that which possesses the following properties:—it should—A. Instantly destroy or mask bad odors; B. Absorb the liquid or gaseous products of the putrefactive or inflammatory process, remove them by washing and destroy the poisonous or irritating action of morbid liquids and mephitic gaseous products; C. Prevent the formation of new infections or mephitic products; D. Hasten the cicatrization of sores, by giving the necessary vitality for the reparation of the tissues.

5th, Chlorine, and solutions of bromine and iodine, appear to best fulfill the most important of these conditions.

6th, Chlorine, or at least the hypochlorites, by reason of the gaseous state of their active principle, ought always to be preferred when it is desired to destroy miasma and disinfect the air.

7th, The addition of odorous essences, and principally of nitro-benzine to the hypochlorites and to iodine and bromine-water, acts both to mask the disagreeable odors and to set into immediate operation the chemical action.

8th, Tar and coal-tar preparations are able to render effectual service, but they do not possess the property, like iodine and bromine, of destroying the poisonous action of morbid products and putrefaction, or that of various kinds of virus.

9th, *Charpie carbonifère*, and especially *charpie carbonifère iodée*, may be often employed with success.

10th, Carbon, in addition to its absorbant properties, appears to exercise *an action of special contact*, in virtue of which it hastens the destruction of organic matters, or rather, as M. Stenhouse states, according to the experience of Turnbull and Turner, by condensing the oxygen of the air, and thus acting as spongy platinum.

11th, Metallic solutions (salts of iron, zinc, &c.), although imperfect disinfectants, suffice in a great number of cases.

12th, Physical and mechanical agents (ventilators, &c.) may be made powerful aids to chemical disinfectants.

13th, There are some causes of *infection* which appear to resist all treatment (ozæna, otitis, &c.)

14th, We should add, moreover, that there are causes of *infection* which it would be dangerous to suppress (*sueur infecte des pieds*), and the odor of which we should endeavor to mask.

One is struck with admiration on reflecting upon the processes which nature employs to disseminate, transform and reproduce organic matters; in the presence of the grandeur of these facts, we remain convinced of the exactitude of the aphorism of Lavoisier:—" *Dans la nature, rien ne se perd, rien ne se crée.*"

M. Reveil alludes above to the so-called foetid foot-sweat, and thus sustains a popular error both of pathology and therapeutics. Foetid foot-sweat does not exist. The perspiration is always fresh when secreted, and any peculiar individual odor is due to specific modifications in the sebaceous matter. It is only when the sweat has undergone decomposition upon certain portions of the body peculiarly adapted to such change, as the axillæ, beneath the mammæ, between the folds of the prææum, &c., that the fatty acids thus formed give rise to a foetid odor. So, too, when the feet are not frequently cleansed, and heavy coverings are worn upon them, the foot is apt to absorb the odors thus produced, and to become in turn the real offender. We have noticed this peculiarly disagreeable smell about the persons of several officers returning from the army, where thick stockings and heavy-top boots are often worn day and night without change for a considerable time. The idea of any dangerous consequences following simple cleanliness, which is the only disinfectant required, is absurd. The worst case of foetid foot sweat may be cured at once by casting away the stinking boots, and substituting thin stockings and light boots or shoes, and by washing the feet every day in soap and water.

## PARTIAL DISLOCATION OF THE HEAD OF THE RADIUS IN YOUNG CHILDREN.

By DANIEL V. FOLTS, M. D., Boston.

This is an injury which the surgeon not unfrequently meets with, without fully recognizing the anatomical seat of the accident. Several cases have occurred in my surgical practice during the past season, and in every case but the last, the particulars of which I shall give in detail, whilst the usual symptoms were present, in manipulating to ascertain the nature of the injury the pronation was suddenly overcome, and the limb was at once in as useful a condition as ever.

My last case occurred in a little boy of five summers. While at play he was caught by an older brother, when both hands were thrown behind him in a state of extreme pronation. He was forcibly held in this position, and whilst struggling to escape from his captor, he screamed out violently in intense pain. I saw him soon after, and found him still crying. His arm was hanging by his side, a little in front of his body; elbow slightly bent, hand pronated. To the question "what is the matter, my little boy?" he answered, "A. has hurt my elbow." I examined this articulation carefully, but could not detect the slightest deformity. Flexion and extension could be performed almost without pain; but on the slightest attempt to supinate the hand, the little fellow would scream in agony. An anodyne application was directed, and the arm placed in a sling. He slept well during the night, and made but little complaint the following day; but was not at all inclined to use the arm.

I took occasion, the following evening, to examine the arm when my patient was sound asleep, thinking it possible that the fear of being hurt prevented him from using the arm, or suffering me to rotate the radius. But the slightest attempt to alter the position of that bone relative to the ulna would awaken him, by the violence of the pain. I now concluded to etherize him, examine the fore-arm and elbow carefully, and make forcible supination if that should be necessary. After a few inspirations he opened his eyes and made the chamber ring with his laughter. How much better to make him laugh, than cry! "That is a funny rag," he said, "let



me smell it more." And then he would break out again and again in peals of laughter. I never saw the ether have a more pleasant effect upon a child. I now proceeded to examine the limb very carefully. The wrist was perfectly normal, and the elbow, with the exception of a slight swelling, free from all deformity. Grasping the wrist with my right hand, and holding the elbow in my left, with a thumb upon either extremity of the radius, I made forcible and extreme supination. There was some resistance at first, but soon I felt a slight shock and heard an indistinct snap under my left thumb. All resistance was now overcome, every motion of the joint was perfect, and has continued so to the present day.

This case settles the question, in my own mind, as to the seat of the "injuries of the arm in small children," that are of such common occurrence, and about which so little that is satisfactory can be found in our ponderous tomes of surgery. In the present case, we have the most satisfactory evidence that it was the elbow, and not the wrist, that was injured; that it was the head of the radius, and not the inter-articular fibro-cartilage of the wrist that was involved. My patient was an intelligent little fellow, and just as capable of locating pain as an adult, and he complained exclusively of the elbow.

The symptoms in this case were precisely the same as those M. Goyrand, of Aix, enumerates in his observations; but the reduction entirely disproves his theory, whilst it confirms the opinion of Dr. Hodges, of this city, as set forth in an article published in Volume LXVII., page 129, of your JOURNAL. In the cases published by both these gentlemen, the patients were so young that they could give no reliable indications as to the precise locality of the injury. They would cry when the limbs were moved, but that was about all: there was evidently pain somewhere, but it was left for the surgeon to ascertain its seat as best he might; and in most cases, as we have seen, whilst he was manipulating, the injury disappeared before a satisfactory diagnosis could be made out. But in this case the reduction was less easily effected. Even after the patient was fully etherized, the same obstacle to its accomplishment seemed to exist as before, and any slight attempt to rotate the radius, outward, was brought up by some mechanical impediment. This enabled me to handle the parts more at my leisure, and to take every precaution to ascertain accurately which end of the radius was involved. The peculiar snap attending the reduction, though much more feeble, of



course, was in its nature not unlike that which every surgeon has felt when the head of the humerus glides back into its glenoid home.—38 *Maverick Square, June, 1863.*—*Boston Med. Journal.*

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### CLINICAL LECTURE ON SUBACUTE AND CHRONIC RHEUMATISM.

*Delivered at St. George's Hospital,*

By HENRY WM. FULLER, M. D.,

*Physician to the Hospital.*

GENTLEMEN: In my last two lectures my observations were confined to cases of acute rheumatism, or rheumatic fever; to-day I propose to bring under your notice some varieties of disease which pass under the title of chronic rheumatism. Before doing so, however, I would say a few words respecting the cases admitted into the hospital under the title of subacute rheumatism—cases characterized by more or less swelling of the joints, with slight feverishness, acceleration of pulse, and coating of the tongue; but nevertheless not ushered in by rigors, and not marked by that degree of fever and excitement of the circulation, nor by the same amount of coating of the tongue, nor by the profuse sour-smelling perspiration and loaded urine, nor by the redness and exquisite pain and tenderness of the joints, which accompany acute rheumatism. In some hospitals, and by many practitioners, these cases are styled “acute rheumatism;” and there cannot be a doubt that the nature of the disease is the same in the one class of cases as in the other. But those of you who have watched the large number of patients whose symptoms are designated “subacute” in this hospital, must be aware how strictly they deserve the title which is given to them. They are truly “subacute,” as compared with those which are styled acute; and the treatment required is in keeping with their subacute character. I will instance the case of M. H—, aged twenty-four, who was admitted into the Queen’s ward on the 13th of January, 1862. Three weeks before her admission this woman was attacked with pain and swelling of the ankles, and one week before admission the right knee became swollen and painful, rendering it difficult for her to walk even across the room. When I first saw her the skin was warm and moist—not hot

and perspiring; the ankles and the right knee were swollen, principally from effusion within the capsule, but were not red, and were scarcely tender to the touch; the tongue was only slightly coated; the bowels were acting regularly; the urine was somewhat cloudy; the pulse 96, soft; the catamenia were regular; the appetite was good; the heart's action was regular and its sounds were clear. She told us that the pains were much relieved by warmth; and as guaiacum is a medicine which has always appeared to me to be signally useful in such cases, I determined to administer, every six hours, the guaiacum mixture of the Pharmacopœia, with the addition of half a drachm of carbonate of potash, half a drachm of acetate of potash, and six grains of iodide of potassium. At the same time I limited her diet to fish and beef-tea. By these means I hoped to stimulate the action of the skin, to counteract acidity, to promote the action of the kidneys, and to check the further formation of the materies morbi. The iodide of potassium was given because observation has led me to believe that in subacute and chronic cases in which the articular swelling is referable principally to effusion within the capsule of the joint, this salt assists in promoting absorption of the synovial fluid, and acts beneficially as an alterative. Be this as it may, the result was satisfactory; relief was speedily obtained, and she left the hospital quite well at the end of the week (on the 19th).

In many of these cases the skin is very inactive, and when, as often happens, inactivity appears to be in great measure the cause of the continuance of the rheumatic pains, hot-baths, hot air baths, and vapor baths are essential adjuncts to the treatment. Sometimes the liver is very sluggish, as indicated by the muddiness of the complexion, the yellowness of the conjunctivæ, and the furring of the tongue; and in such instances no permanent relief will be obtained until the diet has been carefully regulated, and the liver stimulated, by repeated doses of some mercurial preparation. An excellent example of this fact has been under your notice in the case of J. B—, aged twenty-one, in Holland ward. This woman was admitted on the 10th of February, 1862, suffering rather severely from articular pain and swelling of ten days' duration. Her skin was warm and dry, not hot and perspiring, and her general symptoms were hardly such as to justify us in classing her case as one of acute rheumatism. Her symptoms were treated in accordance with their subacute character. Her skin was acted on by means of a hot-air bath, and the guaiacum mixture was

ordered to be taken every six hours, with the addition of half a drachm of carbonate of potash, and half a drachm of acetate of potash. At the same time, as her complexion was muddy, the conjunctivæ yellowish, and the tongue exceedingly furred, and as the bowels were sluggish, I deemed it right to administer on alternate nights five grains of calomel and five grains of the compound extract of colocynth, followed in the morning by a senna draught, containing half an ounce of the potassio-tartrate of soda. Moreover her diet was limited to beef-tea. The bowels were freely acted on by the medicine and after each evacuation the pains were relieved, so that in a few days the swellings subsided and she was able to leave her bed. At this time (on the 16th) the complexion was still muddy, and the tongue coated, though less so than before. As she was almost free from pain, and begged for an increased allowance of food, I was induced to give her a small quantity of meat. The result was an immediate return of articular pain and swelling, which I attempted in vain to relieve by alkaline medicines and hot-air baths. No impression could be made on the symptoms until beef-tea had been again prescribed as her diet, and recourse was again had to colocynth and calomel to stimulate the secretory action of the liver and evacuate the acrid contents of the bowels. Relief was then obtained in a few days, and though her tongue had not thoroughly cleaned, and her complexion remained sallow, she was going on steadily to recovery. Some of you, however, having expressed a doubt as to whether her relapse was indeed attributable to my having given her meat and ceased to purge her, whether the recurrence of her symptoms at that particular moment was not a mere coincidence, I determined to satisfy you on this point by again ceasing to administer purgatives, and by ordering her meat for her dinner. The result was an immediate recurrence of pain and articular swelling, and a confirmation of my suspicions on the subject. Similar cases are of frequent occurrence, and are amongst the most obstinate met with in practice, if recourse is not had to repeated—I had almost said the daily—administration of purgatives.

So again, when the constitution is weak and the patient is exhausted, rheumatic medicines—falsely so called—are of little avail for the cure of the disease until the system has been invigorated by tonics. Take as an example the case of E. K., aged twenty-one, who was admitted into the Roseberry ward, on the 18th of last November. She was pale, weakly and out of health when she was attacked, three weeks before her ad-

mission to the hospital, with wandering pains in the limbs and occasional swelling of the joints. On admission there was swelling of both knees and the wrist, but no redness and very little tenderness; the skin was warm and moist, the tongue clean, the bowels were regular, the urine was clear, the pulse 84, soft and weak. The guaiacum mixture was ordered to be taken every six hours, with the addition of a drachm of the ammoniated tincture of guaiacum, a scruple of carbonate of potash, and six grains of iodide of potassium. This treatment with some trifling alteration, was continued until the 3d of December, when, as little or no improvement had taken place, I substituted the cinchona draught for the guaiacum mixture, and continued the other medicines as before. A marked change occurred immediately. Within a few days her aspect became more healthy; by the 8th the swellings had disappeared; and by the 12th there were no longer any pains in the joints. On the 15th she left the hospital. Let me beg of you, then, to the indications which point to the necessity for tonics. Knowing, as I do, from long experience, how frequently their exhibition is necessary, I am nevertheless too apt, as in this case, to overlook the symptoms which call for their administration. Much more will this be so with you, if you do not bear the fact constantly in mind. A clean tongue and clear urine, when met with coincidently with a cool, moist skin, or a clammy perspiration, are symptoms which denote a languid state of the system, and demand the aid of tonics; and although the form of tonic required may vary in different cases, you will rarely succeed in relieving your patient if you fail to impart tone and vigor to his system. You will see this fact constantly illustrated in practice; and now that your attention has been specially directed to it, you alone must bear the blame if you do not recognize the necessity when it occurs, and act on the suggestions I have thrown out.

One word before quitting this subject on the frequency of inflammation of the heart in connection with "acute" and "subacute" rheumatism. The statistics which I collected in the wards of this hospital during the period of my registrarship\* show that whereas the heart is damaged to a greater or less extent in 1 out of every 2.06 of the cases designated "acute" in our wards, it suffers only in 1 out of every 6.65 of the cases which are styled "subacute;" and if this latter class were still

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\* See my work on Rheumatism, Rheumatic Gout, and Sciatica, 3d edition, pp. 260—284.

further extended, and were made to include examples of rheumatic gout, and cases of rheumatism characterized by severe pain, but unaccompanied by articular swelling or febrile disturbance, the proportion of cases in which the heart would become damaged would fall to 1 in 36.25 cases. In a therapeutical point of view, this difference in the liability to heart affection, according as the rheumatism assumes one type or another, is a matter of grave importance, as proving how much more energetic should be our treatment in one case than in another, and how much more watchful we should be for the accession of cardiac mischief. But its practical bearing on the statistics of heart disease is even more important, for you will readily understand how much more favorable any particular mode of treatment may be made to appear, in reference to cardiac complications, if cases of subacute and chronic rheumatism, and cases of rheumatic gout, are included under the head of acute rheumatism, than they would be if the term acute rheumatism was restricted as it is in the wards of St. George's Hospital.

We will now pass on to the consideration of cases of so-called chronic rheumatism. If the term chronic rheumatism were to be limited to cases in which pains in the limbs resulted from the presence of the *materies morbi* which gives rise to true rheumatism as typified by rheumatic fever, my conviction is that you would meet with comparatively few examples of this form of disease. Experience shows that the sufferers from rheumatic fever are usually exempt from chronic rheumatism, and that if, as sometimes happens, they do have pains in the limbs, the attack soon subsides under appropriate treatment, or else runs into rheumatic fever. Further, the disease bears the impress of true rheumatism from its very commencement. The patients are pale or sallow, the tongue is coated, the urine shows a tendency to deposit lithates, the pains manifest a strangely migratory character—shifting repeatedly from limb to limb, and alkaliss, combined it may be with tonics, afford almost immediate relief. But, as I told you at the beginning of my lecture, many varieties of disease are comprised under the title of chronic rheumatism; and you will readily understand that if this be so—if cases differing not merely in their general features, but in their mode of origin and essential cause, are classed together under the same title—the treatment which may check the progress of one case may fail to exercise the slightest influence over the course of another. And so in practice it is found to be. It is not that a remedy

is efficacious in some particular form of rheumatism in one person and fails to relieve the same form of rheumatism in another; on the contrary, the medicine which proves remedial in one person will usually eradicate the same form of the complaint in another. So generally does this hold good, that it forms an almost unanswerable argument in favor of a plurality of poisons; and I do not hesitate to state my conviction that many cases of so-called rheumatism have nothing in common with true rheumatism as typified by rheumatic fever, but arise from the presence of totally different materies morbi, and, consequently, require a totally different treatment.

Let me take a few examples of some of the more common and more obstinate forms of so-called chronic rheumatism. P. D—, aged fourteen, a cachectic boy, who had suffered for some months from cough and general debility, resulting, as it appeared, from insufficient nourishment and general neglect at home, was admitted into the Fuller ward on the 16th of November. His principal complaint was of pains in his limbs and finger-joints, and occasional swelling of the knees. These had troubled him about twelve months, and had latterly become so severe as to cause him to disregard his cough. He had been under medical treatment above two months, but he had not obtained relief. His aspect was cachectic; his skin cold and clammy; the circulation languid, so that his hands and fingers were of a purplish color; the pulse was 90 and weak; the tongue clean; the urine clear; the bowels were reported regular; the appetite was indifferent. Here, then, was a case—an obstinate case of so-called rheumatism—of rheumatism so obstinate that it had resisted all means employed to get rid of it above twelve months! Yet what single symptom of true rheumatism did it present, except pain and occasional swelling of the joints? The tongue was clean, the bowels were regular, the urine was clear, the skin cool; there was no feverishness, no evidence of the presence of that acidity by which true rheumatism is characterized. But as there were pains in the limbs and joints, the malady was called rheumatism, and as rheumatism I doubt not it had been treated, for the boy had not only taken medicines, but had had repeated warm baths. The result I have just told you; he had failed to obtain the slightest relief, and at length was brought to the hospital. No wonder that treatment directed against rheumatism should have failed so signally: for the boy was not suffering from that disease, but from irritation and pain in his joints resulting from a cachectic condition of



his blood altogether distinct from that which exists in rheumatism. Those of you who are familiar with the features of gout, or who have noted the severe aching pains in the limbs by which an attack of typhus fever is ushered in; the intense pain in the loins and oftentimes in the limbs also which accompanies an attack of smallpox, and pains in the limbs, with occasional effusion into the capsules of the joints so commonly met with in cases of glanders, and in the cases of starvation which sometimes seek a refuge in our wards, need not be reminded that other agencies besides the rheumatic poison may excite pains in the limbs and swelling of the joints, and will admit that the only so-called rheumatic symptom from which this boy was suffering, may and often does arise quite independently of any true rheumatic influence. The only indications for treatment in this case—the indications which any one must have seen who could divest himself of preconceived ideas as to rheumatism—were the cachectic condition of the system, the cold clamminess of the skin, the feebleness of the circulation, and the want of appetite. With the view of meeting these difficulties I gave him a five-grain compound rhubarb pill to make sure of a proper emptying of the bowels, and prescribed a draught to be taken three times a day, containing a drachm of the syrup of iodide of iron, an ounce of the infusion of quassia, and half an ounce of cod-liver oil. At the same time I urged him to try to eat meat, and ordered him the ordinary diet of the hospital and a pint of porter. Strange treatment for his rheumatism! Yet it proved eminently successful, whereas the orthodox hot baths and rheumatic remedies had failed. Within a fortnight his aspect had improved, he had gained strength, and the pains were greatly relieved. At the expiration of three weeks, his pains having wholly ceased, and his strength and health becoming daily more satisfactory, he was made an out patient of the hospital. Before he left I directed him to continue his medicine for at least another month, on the ground that in all these cases it is necessary, not only to relieve the pains, but to guard against their recurrence by a lengthened course of tonics.

The case of E. C——, a married woman, aged thirty, whom you will remember in the Queen's ward, is an example of another form of malady which is styled rheumatism; but has nothing, except pain, in common with true rheumatism. She had usually enjoyed good health; but had suckled her youngest child above fourteen months, and had felt weak and languid ever since. Whilst in this state she was attacked



with severe pain, extending from the right knee down to the toes. This pain commenced three months before she applied to the hospital, and although she had been under medical treatment above two months, and had not only taken a large quantity of medicine, but had employed a variety of embrocations, she had failed in obtaining the slightest relief. She described the pain as of a burning character, and as being aggravated in paroxysms at irregular intervals. It was not accompanied by redness or swelling, but during a paroxysm there was decided increase of heat in the part. There had not been pain in other part of the body. When I first saw her she was pale and sallow; the skin was natural; tongue coated; bowels reported regular, and urine clear; the pulse was 84, regular, but weak; the catamenia, were regular but too profuse. Now, without stopping to inquire into the pathology of this form of disease, which, if not recognized as distinct from true rheumatism is usually little amenable to remedies, I would direct your attention to the clinical history of the case under consideration as bearing upon the treatment to be adopted. In the first place, the symptoms, if carefully examined, do not bear the impress of true rheumatism. There was no previous history of rheumatism, and no turbidity of the urine; there was no redness, no swelling, no shifting of the pain from limb to limb, as is almost invariably observed in rheumatism. But there was coating of the tongue, feebleness of the pulse, and distinct paroxysmal increase of pain, and the severity of the pain was far in excess of what the local symptoms appeared to indicate. In short, the pain was evidently of a neuralgic character, and the disposition to it was probably engendered by debility and exhaustion, resulting from her having suckled her child above fourteen months. Such, at least, was my view of the case, and I ordered her accordingly the ordinary diet of the hospital, with a pint of porter, and prescribed the following medicines: Colocynth and calomel pill, ten grains, at bedtime. Tincture of aconite, six minims; bisulphate of quinine, five grains; dilute sulphuric acid, twelve minims; water to an ounce and a half; every six hours. By this means I hoped to get rid of any offending matter which might have accumulated in the bowels, and given rise to the coating of the tongue, and to subdue the exalted sensibility of the nerves with which her suffering was manifestly connected. The result proved that my view was correct; for within four days the pain in the leg was much

relieved, and at the expiration of a week she left the hospital, having thoroughly got rid of the pain, which for three months had not ceased to trouble her.

### WHAT EXEMPTS FROM CONSCRIPTION.

1. Manifest imbecility or insanity.
2. Epilepsy. For this disability, the statement of the drafted man is insufficient, and the fact must be established by the duly affidavit of a physician of good standing, who has attended him in a convulsion.
3. Paralysis, general, or of one limb, or chorea—their existence to be adequately determined.
4. Acute or organic disease of the brain or spinal cord; of the heart or lungs; of the stomach or intestines; of the liver or spleen; of the kidneys or bladder—sufficient to have impaired the general health, or so well marked as to leave no reasonable doubt of the man's incapacity for military service.
5. Confirmed consumption; cancer; aneurism of the large arteries.
6. Inveterate and extensive disease of the skin, which will necessarily impair his efficiency as a soldier.
7. Decided feebleness of the constitution, whether naturally or acquired.
8. Scrofula, or constitutional syphilis, which has resisted treatment, and seriously impaired his general health.
9. Habitual and confirmed intemperance, or solitary vice, in a degree sufficient to have materially enfeebled the constitution.
10. Chronic rheumatism, unless manifested by positive change of structure, wasting of the affected limb, or puffiness or distortion of the joints, does not exempt. Impaired motion of the joints, and contraction of the limbs, alleged to arise from rheumatism, and in which the nutrition of the limb is not manifestly impaired, are to be proven by examination, while in a state of anæsthesia, induced by ether only.
11. Pain, whether simulating headache, neuralgia in any of its forms, rheumatism, lumbago, or affections of the muscles, bones, or joints, is a symptom of disease so easily pretended, that it is not to be admitted as a cause for exemption, unless accompanied with manifest derangement of the general health, wasting of a limb, or other positive sign of disqualifying local disease.
12. Great injuries, or diseases of the skull, occasioning im-

pairment of the intellectual faculties, epilepsy, or other manifest nervous or spasmodic symptoms.

13. Total loss of sight; loss of sight of right eye; cataract; loss of crystalline lens of right eye.

14. Other serious diseases of the eye, affecting its integrity and use, e. g., chronic ophthalmia, fistula lachrymalis, ptosis (if real), ectropion, entropion, &c. Myopia, unless very decided, or depending upon some structural changes in the eye, is not cause for exemption.

15. Loss of nose; deformity of nose so great as seriously to obstruct respiration. Ozæna, dependent upon caries in progress.

16. Complete deafness. This disability must not be admitted on the mere statement of the drafted man, but must be proved by the existence of positive disease, or by other satisfactory evidence. Purulent otorrhœa.

17. Caries of the superior and inferior maxillary, of the nasal or palate bones, if in progress; cleft palate (bony); extensive loss of substance of the cheeks, or salivary fistula

18. Dumbness; permanent loss of voice, not to be admitted without clear and satisfactory proof.

19. Total loss of tongue; mutilation or partial loss of tongue, provided the mutilation be extensive enough to interfere with the necessary use of the organ.

20. Hypertrophy or atrophy of the tongue, sufficient in degree to impair speech or deglutition. Obstinate chronic ulceration of the tongue.

21. Stammering, if excessive and confirmed; to be established by satisfactory evidence, under oath.

22. Loss of a sufficient number of teeth, to prevent proper mastication of food, and tearing the cartridge.

23. Incurable deformities, or loss of part of either jaw, hindering biting of the cartridge, or proper mastication, or greatly injuring speech; anchylosis of lower jaw.

24. Tumors of the neck, impeding respiration or deglutition; fistula of the larynx or trachea; torticollis, if of long standing and well marked.

25. Deformity of the chest, sufficient to impede respiration, or to prevent the carrying of arms and military equipments. Caries of the ribs.

26. Deficient amplitude, and power of expansion of chest. A man 5 feet 3 inches (minimum standard height for the Regular Army) should measure not less than thirty inches in circumference, immediately above the nipples, and have an expansive mobility of not less than two inches.

27. Abdomen grossly protuberant; excessive obesity. Hernia, either inguinal or femoral, ventral, umbilical, &c.

28. Artificial anus; stricture of the rectum; prolapsus ani; fistula in ano is not a positive disqualification, but may be so if extensive, or complicated with visceral disease.

29. Old and ulcerated internal hæmorrhoids, if in degree to impair the man's efficiency. External hæmorrhoids are no cause for exemption.

30. Total loss, or nearly total loss of penis; epispadias or hypospadias, at the middle or near the root of the penis.

31. Incurable, permanent, organic stricture of the urethra, in which the urine is passed drop by drop, or complicated by disease of the bladder. Recent or spasmodic stricture of the urethra does not exempt. Urinary fistula.

32. Incontinence of urine being a disease frequently feigned, and of rare occurrence, is not, of itself, a cause for exemption. Stone in the bladder, ascertained by the introduction of the metallic catheter, is a positive disqualification.

33. Loss, or complete atrophy of both testicles, from any cause; permanent retention of one or both testicles within the inguinal canal, but voluntary retraction does not exempt.

34. Confirmed or malignant sarcocele; hydrocele, if complicated with organic diseases of the testicle. Varicocele and circocele are not, in themselves, disqualifying.

35. Excessive anterior and posterior curvature of the spine; caries of the spine.

36. Loss of an arm, fore-arm, hand, thigh, leg, or foot.

37. Wounds, fractures, tumors, atrophy of the limb, or chronic diseases of the joints or bones, that would impede marching, or prevent continuous muscular exertion.

38. Anchylosis, or irreducible dislocation of the shoulder, elbow, wrist, hip, knee- or ankle-joint.

39. Muscular or cutaneous contractions, from wounds or burns, in degree sufficient to prevent useful motion of a limb.

40. Total loss of a thumb, loss of ungual phalanx of right thumb.

41. Total loss of any two fingers of same hand.

42. Total loss of index finger of right hand.

43. Loss of the first and second phalanges of the fingers of the right hand.

44. Permanent extension and permanent contraction of any finger except the little finger; all the fingers adherent or united.

45. Total loss of either great toe; loss of any three toes on the same foot; all the toes joined together.

46. The great toe crossing the other toes, with great prominence of the articulation of the metatarsal bone, and first phalanx of the great toe.

47. Overriding or superposition of all the toes.

48. Permanent retraction of the last phalanx of one of the toes, so that the free border of the nail bears upon the ground; or flexion at a right angle of the first phalanx of a toe upon a second, with anchylosis of this articulation.

49. Club-feet, splay feet, where the arch is so far effaced that the tuberosity of the scaphoid bone touches the ground, and the line of the station runs along the whole internal border of the foot, with great prominence of the inner ankle; but ordinary large, ill-shaped, or flat feet, do not exempt.

50. Varicose veins of inferior extremities, if large and numerous, having clusters of knots, and accompanied with chronic swellings or ulcerations.

51. Chronic ulcers; extensive, deep and adherent cicatrices of lower extremities.

52. *Stature.* If the height of the drafted man be greater than six feet four inches, or less than five feet three inches, he is disqualified for military service. The height in all doubtful cases to be determined by accurate measurement, the recruit being made to stand erect on his bare feet, and care being taken that he neither increases nor lessens his stature by voluntary effort.

53. No certificate of a physician or surgeon is to be received in support of the claims of drafted men for exemption from military service, unless the facts and statements therein set forth are affirmed or sworn to before a civil magistrate competent to administer oaths.

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## EDITORIAL AND MISCELLANEOUS.

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*A Treatise on Hygiene with Special Reference to the Military Service.* By WILLIAM A. HAMMOND, M. D., SURGEON GENERAL, U. S. ARMY; Fellow of the College of Physicians of Philadelphia, Member of the Philad. Pathol. Soc.; of the Acad. Nat. Sci.; of the Am. Philosoph. Soc.; Hon. Corresp. Memb. of the Brit. Med. Assoc.; Member of the Verein für Gemeinschaftliche Arbeiten zur Förderung der Wissenschaftlichen Heilkunde; late Prof. of Anatomy and Physiology in the University of Maryland; late Surgeon and Lecturer on

Clinical Surgery at the Baltimore Infirmary, &c., &c. Philadelphia: J. B. Lippincott & Co., 1863. pp. 604. \$5.00.

We welcome this work with peculiar satisfaction. Primarily because it is a timely work—one which the present exigencies of our country demand, secondarily because it is a valuable contribution to general science. The Surgeon General of the United States' army, occupying a position of responsibility inferior to none of which the annals of history afford any record, and involved in duties unparalleled, has found it necessary to undertake a task of the most vast importance. Recognizing the grand principle that the prevention of disease is a work, if possible, more important than its cure, and keenly alive to the fact that sanitary science has thus far been less cultivated than therapeutics, he has in addition to his onerous public duties undertaken a task from which a private, otherwise unoccupied, scholar might well shrink. The proof of this proposition is found in the fact that there is scarcely an attempt at an adequate treatise upon the subject in the English or indeed in any other language. Here and there may be found a tiny manual, or diminutive monograph, but not a single work at all commensurate with the subject.

When we reflect that in addition to his other official duties Surgeon General Hammond has within the last year organized military hospitals, unsurpassed in perfection of details by any in the world, numbering more than *one hundred thousand* beds, and that all along a military line of many thousand miles his wonderful administrative and executive abilities have reached, with a perfection of success which has wrung from his bitterest enemies the (to them, humiliating) confession that "THE MEDICAL AND HOSPITAL ORGANIZATION OF THE SERVICE IS MOST THOROUGH AND COMPLETE"—we may well marvel at the zeal, professional *esprit de corps*, and better than all, high-toned, self-sacrificing patriotism which could attempt an arduous labor like that which has culminated in the work now before us.

Since writing the article of last month, defending General



Hammond from the violent, malignant and unprofessional attacks made upon him in certain quarters, in consequence of his famous "Order No. 6," we have taken occasion to review his connection with the medical department of the army as its official head. We have carefully read every order or circular from the department since he was placed in command, and made ourselves familiar, so far as possible, with the practical workings, and we do not hesitate in publishing this our conviction, that more than Baron Larrey was to the first Napoleon, what Washington was to the Revolution, and what Grant thus far appears to the army of the Mississippi, has been Hammond to the medical staff of the grand army of the United States.

Need we undertake to express the unmitigated disgust, abhorrence and contempt, we feel for the *animus* which carried through the following resolution in a medical society not far from Ohio?

"*Resolved*, 5th, That Drs. Jno. A. Murphy, G. C. E. Weber, and A. Metz be a committee instructed to report to the American Medical Association that this Society demands the speedy trial and expulsion of Dr. Wm. A. Hammond, for the gross injustice done the profession by his foolish and quackish order No. 6."

We here put down the prophesy that there is not an individual who voted for that resolution, but that in a twelve-month (if not already) will be ashamed of it, and in five years will deny that he ever voted for it, or was even present at the meeting upon whose records it has become "damned to everlasting fame."—The book before us is sufficient answer to all such narrow-minded, illiberal twaddle. In the words of a dignified and learned contemporary, the veteran *Boston Medical Journal* :

"No better proof of the fitness of the present Surgeon General of the United States for the high and responsible office which he fills could be asked than the volume before us. It will take its place at once among the standard works on the subject. Any one conversant with the philosophical and inquiring mind of the author will readily understand that he is to be found among the most influential class of the profession

at the present day, who are disposed to question pretty closely the claims of drugs to virtues which too often prove to be merely traditional, while they are ever on the alert to detect those causes which produce and perpetuate disease, and depend more upon an accurate knowledge of the laws of nature in treating it than upon any specific medication. His recent exclusion of the two powerful agents, calomel and tartarized antimony, from the medical supply table of the United States' army, at once shows his confidence in the power of such methods of treatment, and his indifference to the criticisms of the routinists."

Yet Dr. Hammond is not indifferent or sceptical as to the efficiency of proper medication in the treatment of disease, he only urges that "the curative influences of hygienic measures have been too much neglected, and that drugs, the traditional actions of which have been positively disproved by physiological and chemical researches, as well as by the soundest deductions from pathology, are too frequently administered through a strict adherence to the routine which hinders the development of medical science, and cramps the powers of those who labor for its advancement."

The object of the book is to elucidate the principal facts which bear upon the hygienic conditions of man in causing, preventing and curing disease. He urges that, in the military service especially, the very salvation of an army often depends upon the knowledge and application of hygienic principles by those who have the medical superintendence.

It is not pretended that the volume is complete—the circumstances of its publication rendered that impossible—that which has been written is of the imperative practical sort, and he who understands it will not fail to carry his own reflections once thrown in the right direction to other points of great importance. The author defers to a second edition a more complete fulfillment of his allotted task.

Our readers are aware that under the sagacious and comprehensive direction of the Surgeon General an immense amount of material is being collected in the Army Medical Museum, and in the bureaus of the department—an amount

unprecedented in the annals of military medicine and surgery, and more even than is contained in the published medical records of all the armies of the world,—and that, by-and-by, this immense accumulation of matter is to be systematized, and thus form a body of scientific medical and surgical truth the like of which the world has never known.

We cannot forbear to quote the concluding passages of Dr. Hammond's preface :

"It is only by yielding our opinions to the age in which we live, when every science bearing upon medicine is being developed by the labors of thousands of investigators, that we can claim the right to be regarded as wise physicians seeking only the good of those committed to our charge, rather than our own personal advantage. In science we believe nothing until it is proven, and even then we should be ready to forsake our most cherished doctrines when the evidence of their instability is forthcoming. If, therefore, I have been positive in the expression of opinions which are at variance with those held by others, it is only because I *now* believe them to be correct. To-morrow I may renounce them all.

"But even in my positiveness, I hope I have not forgotten the proprieties of life, or the forbearance and courtesy which should prevail in all discussions, especially those of a scientific character."

Which gentlemanly as well as scholarly ideas we commend to the Ohio committee on EXPULSION.

But *revenons à nos moutons*——

The book is divided into three sections. The first section, of two chapters, discusses the general and special qualifications and disqualifications of recruits. The second section, in ten chapters, discusses the agents inherent in the organism which affect the Hygienic condition of man, i.e. Race, General and Particular Temperaments, Idiosyncrasy, Age, Sex, Hereditary Tendency, Habit, Morbid Habits, Constitution.

The third section, of twenty nine chapters, treats of Agents External to the Organism which act upon the Health of Man, under which are noticed the Atmosphere with its essential and accidental constituents, Temperature, Light, Electricity, Water, Soil, Locality, Climate, Acclimation, Habitations, Hospi-

tals, Principles of Hospital Construction, Field Hospitals, Lighting of Hospitals, Heating of do., Ventilation of do., Barracks, Camps, Food, Alimentary Principles, Physiological and Sanitary Relations of Food, Animal Compound Aliments, Vegetable do., Accessory Food, Alimentation of the Soldier, Clothing, Hygienic Relations of Clothing with the several parts of the Body. *Index.*

We have not space or time for an elaborate review of the author's views and statements upon these important topics. They should be thoroughly and carefully studied and digested—and the student or practitioner will not fail to arise from the perusal with more enlarged and comprehensive ideas of the physician's true sphere, and at the same time, with far more clear and practical notions as to his every day, and every hour, duties.

We chronicle this book, emanating from the source which it does, as a distinct milestone of medical progress. Well may its author laugh to scorn the puny attempts of his detractors, whether single or associated.

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*True Function of the Round Ligament of the Hip Joint.*

—JOHN STRUTHERS, M. D., &c., Lecturer on Anatomy in the Edinburgh School of Medicine, in the London *Lancet* demonstrates the true function of the round ligament of the hip joint. He observes in concluding his article:

“Whatever may be the explanation of the direction of the different dislocations, it is evident that the natural tendency is for the bone to throw itself out of the socket forwards. Now to prevent this, there are two strong ligaments. In the extended position, as in standing with the toes turned more or less out, it is checked by the whole front of the capsular ligament, including the entire ilio-femoral band. But by flexion the front of the capsule is relaxed, allowing the outward rotation to go farther, until it is checked by the round ligament, and by the outer part of the ilio-femoral band. The limb in this position when it is lifted and advanced in walking, or in stepping up with the toes everted, in sitting with the knees apart, or with one leg laid across the other knee, or in the

tailor posture, or on horseback. In all these and similar positions the hip joint is flexed and rotated outwards, and the ligament is called into play to prevent the ball starting forward from the socket."

*Radical Cure of Hernia.*—Mr. Wood's operation is commended in the same journal as among the best in vogue. It is comparatively simple, and certainly in point of danger is an absolute contrast to the formidable operation involving the considerable external incision practiced in cases of large herniæ. The operation in one clinical case is reported as follows. The patient being under chloroform: "The finger being introduced in the external ring, and as far as possible beneath the edge of the conjoined tendon, one of Mr. Wood's needles, made for the purpose, was introduced through the skin over the point of the finger, pushed through the conjoined tendon, being then guided by the finger through the internal pillar of the external ring before it pierced the skin of the scrotum. Another needle, then introduced through this lower puncture and external ring, was pushed through Poupart's ligament, and out at the upper puncture by the side of the first needle. The needles, having a sort of eye twisted in them, were thus able to be locked firmly together, so as to draw the walls of the inguinal canal and the pillars of the ring together. The needles were fastened down with plaster and a pad and bandage. Needles removed in 14 days. The cure was complete."

*Fractured Thigh.*—T. WILKINS, M. D., late of the U. S. A., now of Greenville, Bond Co., Ill., writes us that in cases of fractured thigh, where more elaborate apparatus is not at hand, he has found the following very convenient: A stout frame, a little longer than the patient, and three feet in width. Strong canvass is securely fastened to this. A round hole is cut in the cloth at the region of the nates, and bound around the edge. The patient is laid upon this canvass, and then the whole upon the bed. He is allowed to remain upon it all the time, except when the bowels are to move, when the frame

can be lifted off from the bed and supported upon chairs or stools, the receiving vessel being placed under the opening. The duty being performed, all can readily be replaced upon the bed, with not the slightest danger of displacing the fractured bones.

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*Prof. Bedford's Diseases of Women and Children—Erratum.*—In accordance with the frequently expressed wish of subscribers, we undertook last month to append to some of our book notices the respective prices. Not being furnished with that of the one at the head of this notice we copied from the Cincinnati *Lancet* the price as \$2.00. This it appears was a typographical error, as a moment's reflection would have shown us. A book of that size could never be furnished at that price, in war times at least. As we stand corrected by a note from the publishers, Wm. Wood & Co., New York City, the price is \$3.50.

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*Obituary.*—CHARLES HARTMAN, M. D., of Cleveland, Ohio, well known as former Collaborator of the Cincinnati *Lancet & Observer*, fell upon the battle field of Chancellorville, May 3d. He was, we believe, at the time, a surgeon of volunteers. His death will be much regretted as that of an educated, accomplished and high-minded physician.

SAMUEL A. CARTWRIGHT, M. D., near Jackson, Miss., *Æ*.72. Well known for his peculiar treatment of Asiatic Cholera, his papers on the Sugar House Cure of Consumption, Experiments on the Alligator, &c., &c. Dr. Cartwright was long a resident of Natchez, and afterwards removed to New Orleans, whence he communicated to the Northern medical press copiously. We are not informed whether he was connected with the medical staff of the Confederate army, but presume, from his advanced age and kindly feelings, in past time, toward the North, that he was not. His death will be generally regretted, both North and South, as a genuine medical gentleman and scholar of the old school.



*Sea Sickness.*—R. Hydrochlor. Acid. Dilut., 3 ij; Acid Nitric Dilut., 3 j; Acid Hydrocyan., gtt. xvj; Aquæ, 3 viij; M. S. Two tablespoonfuls every three or four hours.—*Drug. Circ.*

*"Ludlam's Specific."*—R. Ext. Krameria, 3 ij; Pulv. Aluminis, 3 j; P. Cubeb., 3 j; Bal. Copaib., 3 ij; Magnes. Carb. q. s. M. f. massa.—*Id.*

*Camphor Ice.*—R. Ol. Amygd. Expr., Aq. Rosæ, aa lb., j; Cerae Albæ, Spermaceti, aa 3 j; Camphoræ, 3 ij; Ol. Rosmarinæ, 3 j; M. S. Artem.—*Id.*

*Vinum Anti-Leucorrhœicum.* (HAGER.)—R. Cort. Cinchonæ, 6 parts; Tinct. Cinnamomi, 2 parts; Rad. Ratantia, 20 parts; Catechu, 5; Sacchari, 100; Vini Rhenani, 10,000; Alcohol, dilut., 100. Macerate together, express and filter. S. Twice daily a wineglassful.—*Id.*

*Formula for Use of Bromine.* (Prof. J. L. SMITH.)—R. Bromine, 1 troy ounce; Bromide of Potassium, 160 grs.; distilled water, q. s., to make four fluid ounces of the whole mixture. Dissolve the Bromide of Potassium in about two fluid ounces of the water in an eight ounce bottle, then add the Bromine, agitate gently until the solution is complete, then add water enough to bring the whole to four fluid ounces. This mixture forms a very dark red solution, evolving strong fumes of Bromine, and readily soluble in any additional quantity of water.—*Am. Jour. Med. Sci.*

*Glycerole of Iodine.*—R. Glycerinæ, 2 parts; Potassii Iodid., 1 part; Iodinii, 1 part. M. f. sol.—*Drug. Circ.*

*Death from Inhalation of Nitric Acid Vapor.*—Two cases of death are reported in Edinburgh from accidentally inhaling largely the fumes of Nitric Acid. In one case the first symptoms of poisonous effect came on in an hour, with death at ten hours after. In the other not until three hours after the inhalation, and death in about thirty-six hours.

*Fatality of Cholera in Malabar.*—The mortality among such of the natives as were treated in hospital on the outbreak of cholera in 1859-60 was 66 per cent.; that of cases registered throughout the district no less than 93 per cent.—*London Lancet.*

*Oxygen Gas.*—At the last sitting of the Academy of Sciences of Munich, Baron Liebig made a very interesting communication relative to some experiments made with a new apparatus—manufactured chiefly at the expense of the King of Bavaria—for detecting the existence and measuring the quantity of oxygen in various bodies. The experiments, Baron Liebig stated, had proved clearly that oxygen is not only evolved from the atmosphere by plants, but also in tolerably large quantities by decomposition of water in the body of flesh-eating animals. Baron Liebig thinks that the knowledge of this fact will throw quite a new light on the hitherto but imperfectly understood processes of nutrition and digestion.—*Id.*

*Perjury by a Surgeon.*—At the assizes at Liverpool, on the 28th ult., Evan Thomas, a surgeon, of Manchester, was tried for perjury. The offence had been committed in a deposition made before the Manchester City Coroner, at an inquest held on the body of a widow named Bell. Mrs. Bell had come from Cockermonth, and was met by the prisoner at the railway station at Manchester. He conducted her to the Cathedral Hotel, and spent a few minutes with her there. She was then very well. Next morning she was very unwell, and Thomas visited her. When he entered the room he locked the door, and shortly afterwards came out saying that Mrs. Bell was dead. At the inquest on the body he swore that he had not known her before, that she had a tumor in the womb, and that death had been caused by epilepsy. Her friends at Cockermonth subsequently caused an inquiry to be made, when it came out that Thomas had known and written to the deceased some months previously. Another post-mortem examination was held, when it was discovered that there was no tumor in the womb, that the disease was pregnant, and that, although the appearances were not inconsistent with death from epilepsy, the prisoner had never examined the brain to ascertain if there were epileptic symptoms. The statement made by him previously was thus shown to be false, and he was indicted for perjury. He was found guilty, and sentenced to three months' imprisonment, the judge expressing his opinion that the prisoner had carried on an illicit amour with the deceased.—*Id.*

Was not this an attempt to procure abortion by some injecting apparatus, whereby air gained admission to the uterine

sinuses? This would readily explain the coincidence, unfortunately, getting quite too common, of sudden death "shortly after" the suspected person entering the room of the unhappy victim.

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*A New Work on Practice.*—It is rumored, and a little bird has whispered it to us from the air, that Prof. Austin Flint—whom not to know is to argue one's self unknown, and not to respect shows one incapable of appreciating great personal, literary and professional worth—is preparing for the press a new work on the Practice of Medicine. Such a work is the great want of the time, and we most fervently trust the rumor is well-founded. We scarcely know, on the Continent, one to whom such a task could be as fitly entrusted. Long familiarity with medical students, as a teacher, will enable him to write those things which students need to know; large, varied and most successful practical experience, together with most magnificent capabilities as a diagnostician, will render what he says authoritative with practitioners; whilst literary and professional success in authorship, already achieved by his classical treatise on Diseases of the Heart and other writings, guarantee that the book when written will immediately take the first rank as the standard text-book, wherever the English language is read.

We have no means of knowing when the publication is to take place, and can only say that every day it is delayed is a misfortune to the profession.

Conservative Medicine is now a fixed fact, and the invalidated grumblers, the fossils, and stand-stills, must fall into the rear of the grand army, with the baggage-wagons and the wounded. A great progressive science, now developing with most marvellous rapidity, must not be repressed and tied down by exploded ideas and the rotten ropes of effete dogmatism.

Looking across the Atlantic, the scattered waifs which have floated to us bearing the impress of THOMAS K. CHAMBERS,

lead us to hope that before long the profession may have from his pen also, a systematic treatise, which we know they "will not willingly let die."

*Editorial Change.*—We regret to notice that Dr. R. J. Levis has retired from his connection with the *Philadelphia Reporter*, having entered the army as a Surgeon of Volunteers.

Dr. O. C. Gibbs had sometime previously discontinued his communications to the same journal, but from what cause we are not informed. These withdrawals are to be the more regretted as they have notably impaired the tone of the editorial columns of that medical weekly. Several of the recent numbers of our beloved Philadelphia contemporary disclose an editorial biliousness which would seem to indicate still further purging.

Briefly—Dear *Reporter*—do you not think that several of the loose evocations of insinuation and imputation into which you have recently relaxed, would have been ameliorated by the simple remembrance, not of the conventional courtesies of journalism, but of what was due to yourself as a member of a, supposed, gentlemanly profession?

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#### ILLINOIS STATE MEDICAL SOCIETY.

The Special Committee on *Diseases of the Eye*, appointed at the last meeting of this Society, earnestly request all members of the association and of the profession generally, to aid in accomplishing the object for which the Committee was appointed.

Although the Committee has previously reported upon the causes of Conjunctival Inflammations as they prevail at the West, it is desirable to collect more facts in reference to the causes and prevention of this disease.

The Committee would suggest that all members, who have observed the progress of *Epidemic Conjunctivitis*, contribute such facts as may demonstrate to what extent the disease is influenced by dryness of the atmosphere, season of the year, dust from trees and plants, want of care as regards food and exposure, malaria, etc.

The history of interesting cases of any form of Ophthalmic disease is urgently solicited.

It is important that all communications be forwarded to the address of the subscriber previous to April 1, 1864.

Box 2175.

E. L. HOLMES, M. D.,  
Special Committee on Diseases of the Eye.

TWENTY-FIRST

ANNUAL ANNOUNCEMENT

OF

Rush Medical College

CHICAGO, ILLINOIS,

FOR THE

SESSION OF 1863-4,

WITH

CATALOGUE OF PREVIOUS SESSION.

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CHICAGO:

JOHN C. W. BAILEY, BOOK AND JOB PRINTER, 128 AND 130 CLARK STREET.

1863.

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## BOARD OF TRUSTEES.

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} *Ex-Officio.*



## FACULTY.

---

**DANIEL BRAINARD, M. D., PRESIDENT,**  
Professor of Surgery and Clinical Surgery.

Office, No. 45 South Clark Street.

**JAMES V. Z. BLANEY, M. D.,**  
Professor of Chemistry and Pharmacy.  
**E. S. CARR, M. D., Acting.**

**J. ADAMS ALLEN, M. D., LL.D.,**  
Professor of Principles and Practice of Medicine and Clinical Medicine.  
Office, N. E. corner Clark and Washington Streets.

**J. W. FREER, M. D.,**  
Professor of Physiology and Surgical Pathology.  
Office, N. W. corner Lake and Clark Streets.

**DE LASKIE MILLER, M. D., SECRETARY,**  
Professor of Obstetrics and Diseases of Women and Children.  
Office, S. W. corner Clark and Madison Streets.

**EPHRAIM INGALS, M. D.,**  
Professor of Materia Medica and Medical Jurisprudence.  
Office, S. W. corner Clark and Madison Streets.

**R. L. REA, M. D.,**  
Professor of Anatomy.  
Office, Calhoun Block, 119 South Clark Street.

**E. L. HOLMES, M. D.,**  
Lecturer on Diseases of the Eye and Ear.  
Office, Ewing's Block, 23 North Clark Street.

**I. P. LYNN, M. D.,**  
Demonstrator of Anatomy.

Office, No. 119 South Clark Street.

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**CHARLES KEIL, JANITOR.**

## RUSH MEDICAL COLLEGE, CHICAGO, ILLS.

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The twenty-first Annual Session of this Institution will open on Wednesday, the seventh of October, 1863, and continue therefrom, uninterruptedly, sixteen weeks.

The public general Introductory Address will be delivered in the lower lecture room of the College, corner of Dearborn and Indiana streets, at 8 o'clock P. M., by Prof. Ingals.

The regular course of lectures will commence the next morning, at 9 o'clock, and it is hoped that all students proposing attendance will be present at the opening lecture.

As sciences both Medicine and Surgery have, within the last quarter of a century, made most surprising advances—in this respect, keeping full pace with other branches of science and art. The Faculty of Rush Medical College propose to afford students full and complete acquaintance with the present position both of the science and art, so far as the limits of the curriculum permit.

The College having now long passed the period of experiment, has become a fixed institution of the land, numbering more than six hundred graduates, and having extended the advantage of its instruction to more than two thousand students. As will be seen by consulting the annexed catalogue, the last session numbered the largest class ever yet collected within the halls of the College. The Trustees and Faculty are confident that this high prosperity will still continue, and return sincere thanks to the profession for the cordial support so long and constantly continued.

To the Medical Staff of the army it has contributed as large a proportion of its graduates as any other college in the Union, and

we have yet to hear of one of its alumni who has failed to pass the Examining Boards of the several States, or who, having gained position, has failed to fulfil its duties with credit to himself and advantage to those committed to his charge.

Since the re-organization of the School, some five years since, the Faculty have been united, harmonious and untiring in their efforts for its advancement and success; not by personal solicitation of students, or underbidding, or any of the arts so often unworthily resorted to, but, in the only legitimate manner, by the assiduous endeavor of each teacher in his department to bring his teaching up to the level, and the demands of the time.

With a single exception, the corps of teachers remains the same as it has been for the last five years. Prof. J. V. Z. Blaney being still detained by his duties as Medical Director in the army, his place will be filled by Prof. E. S. CARR, of Madison, Wis., a lecturer too well known throughout the Union to require any introduction. Prof. Carr occupied the same chair in the College at the last session, and won from the class the highest popularity, as, indeed, he always has done in previous classes at Castleton, Albany and Philadelphia. As a teacher of Chemistry, we are fully warranted in stating that he is unsurpassed. Arrangements have been made so that Prof. Carr will not be obliged to abbreviate the duration of his course, as during last year's session.

To meet a want generally felt by practitioners, and rendered more pressing by the remarkable advances which have been made in Ophthalmic and Aural science and art, E. L. HOLMES, M. D., surgeon to the Chicago Charitable Eye and Ear Infirmary, of this city, has been appointed Clinical Lecturer on Diseases of the Eye and Ear, and a suitable portion of the time of the course allotted to him. His lectures will be wholly additional to those usually given in the College, and from the large experience of Dr. H., both in European hospitals and private practice, the Trustees and Faculty are willing to vouch for the highly useful result of his teaching.

The supply of anatomical material is always abundant and cheap, and no effort will be spared by the Professor of Anatomy,

or the Demonstrator, to afford the best opportunities to students to familiarize themselves with this important elementary subject.

The department of *Materia Medica* is fully supplied with every necessary means of illustration.

Our Museum is filled with carefully selected illustrations of all kinds necessary for demonstrating each department. Beautiful imported models in *Papier Mache*, illustrating the Anatomical and Obstetric departments, besides various skeletons, models in plaster, drawings and prepared specimens, are among the results of years of effective labor. Among the most valued specimens is the extensive osteological collection of Prof. Brainard, selected by himself in Paris, and the great variety of plaster casts, with wet and dry preparations, afford every necessary illustration to this important department.

Prof. Miller is now in Europe, personally observing the methods and means there adopted in teaching, and, besides purchasing largely to illustrate his own department, is also authorized by other members of the Faculty to procure additions to illustrate their several branches of teaching.

The Professor of Physiology will, as last year, illustrate his department by vivisections, which have proved so essential to successful researches in this interesting branch. In all practicable cases, the experiments upon which the principles of physiology are based will be performed before the class, and no pains be spared to thoroughly ground the student in the fundamental facts of this most important part of the medical course.

The Professor of Surgery, in addition to his usual teaching, will give special attention to those topics particularly interesting to the military surgeon, referring to his duties in camp, hospital, or field. His position upon the State Examining Board, and personal inspection of the battle fields and military hospitals, enable him to recognize the wants of the service, and wherein students are the most likely to require instruction. A private class will be formed during the session, and examinations and instruction will be given by Profs. Allen and Rea, with an especial view to the benefit of such as design to go before the Examining Board for medical appointments in the army.

Similar attention will be given in the department of Practical Medicine, to the demands made upon the medical attendant of the soldiery. The peculiarities of disease as modified in form and treatment by military life and habits, the great principles of hygiene and prophylaxis involved, with all those particulars the knowledge of which, at the present time, is most indispensable to the army surgeon acting as physician. Whilst yielding all due respect to the text-books in vogue, the instructor in this department will more especially endeavor to base his teachings upon the unassailable foundation of Physiology and Pathology, as developed by the best authorities of the present day.

The Clinical advantages of the College are of a high order. Over twenty-five hundred patients are annually prescribed for at the College Dispensary, and their attendance affords to the class a large amount of interesting material for clinical observation.

Arrangements have been made by which students are admitted to the Marine Hospital, now containing also a large additional number of invalid soldiers from the army.

Cases of labor will be assigned to the care of advanced students if they desire, thus enabling them to familiarize themselves with the physician's duties in the lying-in chamber.

The Dispensary of the Chicago Eye and Ear Infirmary, under charge of Dr. Holmes, will also be open to students, giving them an opportunity to observe the nature and treatment of a great variety of affections of these important organs.

Students upon arriving in the city may call on the Secretary, at his office, S. W. corner of Madison and Clark streets, or any member of the Faculty, who will give them any needed information as to board, books, lectures, rooms, etc. Any one desiring information by letter, will please address the Secretary, Dr. De Laskie Miller, P. O. Drawer 5787.

Cards containing daily order of Lectures, Clinics, etc., will be distributed on the first day of the session.

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## TEXT BOOKS, ETC.

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Students will find a good assortment of medical books and surgical instruments in this city. It is recommended that they provide themselves with one or more text books in each of the departments. The following, among others, are recommended:

*Anatomy.*—Gray, Wilson.

*Physiology.*—Dalton, Draper, Carpenter.

*Materia Medica.*—Stille, Wood, U. S. Dispensatory.

*Chemistry.*—Fowne, Stockhardt.

*Obstetrics.*—Bedford, Churchill.

*Surgery.*—Erichsen, Chelius.

*Practice of Medicine.*—Wood, Watson. *Reference*—Bennett's Clin. Med., Flint, or Walshe, on the Heart, Walshe on the Lungs, Habershon on the Alimentary Canal, Wilson on the Skin, Barclay on Diagnosis, Dickson, Barlow, Maxson, Chambers, Rokitsky, Jones and Sieveking; Hammond, Military Hygiene.

*Surgical Anatomy.*—MacLise.

*Microscopic Anatomy.*—Todd and Bowman, Queckett.

*Surgical Pathology.*—Paget.

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## REQUIREMENTS OF GRADUATION.

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The following are the requisitions for the degree of Doctor of Medicine, viz:

1st. The candidate must be twenty-one years of age, and give satisfactory evidence of possessing a good moral character.

2d. He must have pursued the study of medicine three years, and attended at least two courses of Lectures, one of which must have been in this institution. Four years of regular and continued practice will be considered equivalent to one course of lectures.

3d. He must have attended Clinical Instruction during, at least, one college term.

4th. He must have taken one course of Practical Anatomy.



5th. He must notify the Secretary of the Faculty of his intention to become a candidate, and deliver to him a thesis on some medical subject, written by himself, on or before the 15th of January, and at the same time deposit the graduation fee, which, together with the thesis, will be returned to him in case of withdrawal or rejection.

6th. Every candidate must undergo a full and satisfactory examination on all branches taught in the college.

7th. Graduates of other respectable schools of medicine will be entitled to an *ad eundem* degree, by passing a satisfactory examination, paying the graduation fee, and giving evidence of a good *moral and professional* character.

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### FEEs.

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|                                     |   |   |   |         |
|-------------------------------------|---|---|---|---------|
| Lecture Fees, for the Course,       | - | - | - | \$40 00 |
| Matriculation Fee, (paid but once,) | - | - | - | 5 00    |
| Dissecting Ticket,                  | - | - | - | 5 00    |
| Hospital Ticket,                    | - | - | - | 3 00    |
| Graduation Fee,                     | - | - | - | 20 00   |

The Alumni of this, and the graduates of other respectable colleges, will be permitted to attend the whole or any part of the courses of lectures, by calling on the Secretary and procuring the Matriculation ticket.

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### BOARD AND ROOMS.

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Good board, with rooms and all the usual accommodations, can be obtained in this city at from \$2.50 to \$3.50 per week. By associating in clubs, students have, during previous sessions, been enabled to supply themselves with excellent accommodations at a material reduction even from these rates.

## CATALOGUE OF STUDENTS.

| NAMES.                     | RESIDENCE.        |
|----------------------------|-------------------|
| Avery S. J.,               | <i>Illinois.</i>  |
| Andrews Gordon,            | <i>Wisconsin.</i> |
| Anderson Ira, M. D.,       | <i>Michigan.</i>  |
| Adkins B. F.,              | <i>Indiana.</i>   |
| Albright Egbert, M. D.,    | "                 |
| Allen R. M.,               | <i>Illinois.</i>  |
| Atchison W. Pembroke,      | <i>Kentucky.</i>  |
| Adams H. D., M. D.,        | <i>Wisconsin.</i> |
| Auringer Charles,          | <i>Illinois.</i>  |
| Arthur Thomas B.,          | <i>Indiana.</i>   |
| Barkley S. K.,             | <i>Iowa.</i>      |
| Beasley G. F.,             | <i>Illinois.</i>  |
| Bishop E.,                 | <i>Wisconsin.</i> |
| Bull A. D., M. D.,         | <i>Illinois.</i>  |
| Byers Frederick W.,        | "                 |
| Bracken J. B.,             | <i>Indiana.</i>   |
| Birchard Paul S.,          | <i>Wisconsin.</i> |
| Bibb Geo. R.,              | <i>Illinois.</i>  |
| Banta Eugene, M. D.,       | <i>Indiana.</i>   |
| Barnett Eli,               | <i>Wisconsin.</i> |
| Bliss E. L.,               | <i>Illinois.</i>  |
| Bush Thomas H.,            | <i>Iowa.</i>      |
| Baker William,             | <i>Illinois.</i>  |
| Babcock L. F.,             | "                 |
| Benedict J. B.,            | <i>Wisconsin.</i> |
| Cloud George J.,           | <i>Illinois.</i>  |
| Catlin E. P.,              | "                 |
| Cole Samuel,               | "                 |
| Cunningham James,          | "                 |
| Conley J. Griffith, M. D., | <i>Wisconsin.</i> |
| Connelly J. W.,            | <i>Iowa.</i>      |
| Coulter John H.,           | <i>Indiana.</i>   |
| Crombie John,              | <i>Illinois.</i>  |
| Chase P. W.,               | <i>Ohio.</i>      |
| Charlesworth H., M. D.,    | "                 |
| Dayton Ephraim,            | <i>Illinois.</i>  |
| Douglas C.,                | <i>Indiana.</i>   |
| Davison S. A.,             | <i>Illinois.</i>  |
| Dilley C. F.,              | <i>Iowa.</i>      |
| Dean J. W.,                | <i>Indiana.</i>   |
| Davidge Isaac, M. D.,      | <i>Missouri.</i>  |

| NAMES.                 | RESIDENCE.          |
|------------------------|---------------------|
| Dunkle W. B.,          | <i>Illinois.</i>    |
| Dooley Elkanah,        | "                   |
| Downing Curtis H.,     | <i>Michigan.</i>    |
| Dietrich A.,           | <i>Illinois.</i>    |
| Elder C. S.,           | "                   |
| Emmons Francis A.,     | "                   |
| Edwards J. T.,         | <i>Michigan.</i>    |
| Eddlemon J. R.,        | <i>Missouri.</i>    |
| Everard George, M. D., | <i>Minnesota.</i>   |
| English F. E.,         | <i>Indiana.</i>     |
| Ehle A. S.,            | <i>Wisconsin.</i>   |
| Ferris U. B.,          | <i>Illinois.</i>    |
| Finley Wm. W.,         | <i>Missouri.</i>    |
| Foster John H.,        | <i>Iowa.</i>        |
| Finley J. W.,          | <i>Canada West.</i> |
| Fish Stephen N.,       | <i>Illinois.</i>    |
| Glasener E. T.,        | "                   |
| Garrison M. T.,        | <i>Michigan.</i>    |
| Geisel Theodore,       | <i>Indiana.</i>     |
| Giddings J., M. D.,    | <i>Illinois.</i>    |
| Guthrie H. H.,         | "                   |
| Gregory Wm. M.,        | "                   |
| Harrison William H.,   | <i>Wisconsin.</i>   |
| Hazel J. B.,           | <i>Illinois.</i>    |
| Hollingsworth H. C.,   | "                   |
| Holland A.,            | <i>Iowa.</i>        |
| Hill Robert L.,        | "                   |
| Hopkins Myron,         | <i>Illinois.</i>    |
| Hodges Henry L.,       | <i>Michigan.</i>    |
| Heidemann George F.,   | <i>Illinois.</i>    |
| Henderson Jared B.,    | <i>Wisconsin.</i>   |
| Hess William H.,       | <i>Illinois.</i>    |
| Hammond P. J.,         | "                   |
| Holden N. P., M. D.,   | "                   |
| Hunstable Henry,       | <i>Michigan.</i>    |
| Hill W. G.,            | <i>Illinois.</i>    |
| Hoy Albert H.,         | <i>Wisconsin.</i>   |
| Irwin Samuel G.,       | <i>Indiana.</i>     |
| Israel Franz,          | <i>Illinois.</i>    |
| Jones Ervin L.,        | <i>Wisconsin.</i>   |
| Jones W. M.,           | <i>Pennsylvania</i> |
| Jones Daniel C.,       | <i>Illinois.</i>    |
| Jacobs D. W.,          | <i>Michigan.</i>    |
| Kelly John J.,         | <i>Indiana.</i>     |
| Kelly James,           | <i>Iowa.</i>        |
| Keyser H. M.,          | <i>Illinois.</i>    |

| NAMES.                     | RESIDENCE.            |
|----------------------------|-----------------------|
| Kimball A. D., M. D.,      | <i>Indiana.</i>       |
| Kendall Charles B.,        | <i>Illinois.</i>      |
| Keefer Christopher C.,     | <i>Minnesota.</i>     |
| Lamb G. Allen,             | <i>Wisconsin.</i>     |
| Little C. F.,              | <i>Illinois.</i>      |
| Long Earl C.,              | <i>Michigan.</i>      |
| Lester Gilbert B.,         | <i>Illinois.</i>      |
| Lynn Edward E.,            | "                     |
| McFarland George,          | "                     |
| McGlumphy S. B.,           | <i>Illinois.</i>      |
| McGlumphy A. J. M.,        | "                     |
| McCoid J. C.,              | <i>Iowa.</i>          |
| McNiel J. H.,              | <i>Wisconsin.</i>     |
| McCoy Pitt Y.,             | <i>Illinois.</i>      |
| McDonald Peter S.,         | "                     |
| McLane J. N.,              | <i>Minnesota.</i>     |
| McLean John,               | <i>Illinois.</i>      |
| Mackintosh Henry, M. D.,   | <i>Michigan.</i>      |
| Montgomery T. J.,          | <i>Indiana.</i>       |
| Mehler F. C.,              | <i>Illinois.</i>      |
| Mackey W. W.,              | <i>Missouri.</i>      |
| Miller James N.,           | <i>Illinois.</i>      |
| Mix Henry A.,              | "                     |
| Morgan J. J.,              | <i>Iowa.</i>          |
| Mendenhall Samuel,         | <i>Illinois.</i>      |
| Monro James A.,            | "                     |
| Marron F.,                 | "                     |
| Mahan J. L.,               | <i>Indiana.</i>       |
| Muncey James,              | <i>Iowa.</i>          |
| Marston Samuel L.,         | <i>Wisconsin.</i>     |
| Nichols Elmer,             | <i>65th Ill. Vol.</i> |
| Noyes J. Copp,             | <i>Wisconsin.</i>     |
| Nicoson D. C.,             | <i>Indiana.</i>       |
| Nelson E. L.,              | <i>Illinois.</i>      |
| O'Brien J. N.,             | <i>Wisconsin.</i>     |
| O'Brien C.,                | "                     |
| Ordway L. S.,              | <i>Illinois.</i>      |
| Ogle J. W.,                | <i>Indiana.</i>       |
| Pratt Will C.,             | "                     |
| Passage H. Vantyle, M. D., | "                     |
| Pebbles Hial G.,           | <i>Wisconsin.</i>     |
| Pierce B. G.,              | <i>Illinois.</i>      |
| Pierce Wesley, M. D.,      | "                     |
| Parsons Lewis P., M. D.,   | <i>Michigan.</i>      |
| Phillips Wesley,           | <i>Illinois.</i>      |
| Price William,             | <i>Ohio.</i>          |

| NAMES.                    | RESIDENCE.        |
|---------------------------|-------------------|
| Peabody Ezra H., M. D.,   | <i>Michigan.</i>  |
| Rankin J. M.,             | <i>Illinois.</i>  |
| Ransom James S.,          | <i>Iowa.</i>      |
| Reed Rollin,              | <i>Illinois.</i>  |
| Rogers L. H.,             | "                 |
| Richardson C. M.,         | "                 |
| Robinson F. C.,           | "                 |
| Roberts H. S.,            | "                 |
| Russell D. L.,            | "                 |
| Riddler J. G.,            | <i>Missouri.</i>  |
| Saucerman J. W.,          | <i>Wisconsin.</i> |
| Scanland S. W.,           | <i>Illinois.</i>  |
| Stratton D. H.,           | <i>Indiana.</i>   |
| Stedman C. E.,            | <i>Illinois.</i>  |
| Sanborn J., jr.,          | "                 |
| Summan Irving,            | <i>Indiana.</i>   |
| Service Andrew S.,        | <i>Ohio.</i>      |
| Schuchard G. W.,          | <i>Illinois.</i>  |
| Stull Theodore W., M. D., | "                 |
| Small A. L.,              | "                 |
| Scott William,            | <i>Indiana.</i>   |
| Skaggs L. H.,             | <i>Illinois.</i>  |
| Scott James T.,           | <i>Indiana.</i>   |
| Stillman J. D.,           | "                 |
| Scarsdale Frank E.,       | <i>Illinois.</i>  |
| Smith W. H.,              | <i>Wisconsin.</i> |
| Scott John H.,            | <i>Illinois.</i>  |
| Sigworth H. W.,           | "                 |
| Smith Wilburn,            | "                 |
| Stevenson G. A.,          | "                 |
| Tompkins W. H.,           | "                 |
| Truax V. B.,              | "                 |
| Thombs Pembroke R.,       | <i>Iowa.</i>      |
| Williams J. Ll.,          | <i>Wisconsin.</i> |
| Williams J. A.,           | <i>Illinois.</i>  |
| West William C.,          | <i>Missouri.</i>  |
| Watkins James M.,         | <i>Indiana.</i>   |
| Witherspoon Martin V. B., | "                 |
| Walker Joseph, M. D.,     | <i>Missouri.</i>  |
| Williams James A.,        | <i>Illinois.</i>  |
| Waters J. W., M. D.,      | "                 |
| West Charles L.,          | <i>Missouri.</i>  |
| Wilson W. T.,             | <i>Indiana.</i>   |
| Wagonseller Albert E.,    | <i>Illinois.</i>  |
| Yerkes T. P.,             | "                 |
| Zahn John,                | "                 |

## SUMMARY.

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|                         |            |
|-------------------------|------------|
| Illinois,               | 88         |
| Indiana, . . . . .      | 27         |
| Iowa, . . . . .         | 13         |
| Missouri, . . . . .     | 8          |
| Ohio, . . . . .         | 4          |
| Kentucky, . . . . .     | 1          |
| Michigan, . . . . .     | 11         |
| Minnesota, . . . . .    | 3          |
| Canada West, . . . . .  | 1          |
| Wisconsin, . . . . .    | 22         |
| Pennsylvania, . . . . . | 1          |
| <b>TOTAL,</b> . . . . . | <b>179</b> |

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## GRADUATES--SESSION 1862--3.

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| NAMES.                        | RESIDENCE.    |
|-------------------------------|---------------|
| Gordon Andrews, . . . . .     | Wisconsin.    |
| Charles F. Barnett, . . . . . | Kentucky.     |
| Ela L. Bliss, . . . . .       | Illinois.     |
| E. Bishop, . . . . .          | Wisconsin.    |
| Frederick W. Byers, . . . . . | Pennsylvania. |
| James Cunningham, . . . . .   | Illinois.     |
| Philo W. Chase, . . . . .     | Ohio.         |
| John W. Dean, . . . . .       | Indiana.      |
| William B. Dunkle, . . . . .  | Illinois.     |
| Charles F. Dilly, . . . . .   | Iowa.         |
| Charles S. Elder, . . . . .   | Illinois.     |
| Fancis A. Emmons, . . . . .   | "             |
| Uiah B. Ferris, . . . . .     | "             |
| Stephen N. Fish, . . . . .    | "             |
| William M. Gregory, . . . . . | "             |

| NAMES.                | RESIDENCE. |
|-----------------------|------------|
| Harrison H. Guthrie,  | Illinois.  |
| Myron Hopkins,        | "          |
| Pryer J. Herman,      | "          |
| George F. Heideman,   | "          |
| Samuel G. Irwin,      | Indiana.   |
| Daniel C. Jones,      | Illinois.  |
| Hiram M. Keyser,      | "          |
| Charles B. Kendall,   | "          |
| James Kelly,          | Iowa.      |
| Edward E. Lynn,       | Illinois.  |
| Charles F. Little,    | "          |
| G. Allen Lamb,        | Wisconsin. |
| James Muncey,         | Iowa.      |
| George C. McFarland,  | Illinois.  |
| Frank C. Mehler,      | "          |
| James H. McNeil,      | Wisconsin. |
| Thomas J. Montgomery, | Indiana.   |
| John McLean,          | Illinois.  |
| Samuel L. Marston,    | Wisconsin. |
| Pitt Y. McCoy,        | Illinois.  |
| Elmer Nichols,        | "          |
| J. Copp Noyes,        | Wisconsin. |
| Cornelius O'Brien,    | "          |
| Jacob W. Ogle,        | Indiana.   |
| Wesley Phillips,      | Illinois.  |
| Byron G. Pierce,      | "          |
| William C. Piatt,     | Indiana.   |
| John M. Rankin,       | Illinois.  |
| James S. Ransom,      | Iowa.      |
| Lemuel H. Rogers,     | Illinois.  |
| Fernando C. Robinson, | "          |
| Lewis H. Skaggs,      | "          |
| John W. Saucerman,    | Wisconsin. |
| Abram L. Small,       | Illinois.  |
| W. H. Smith,          | Missouri.  |
| H. W. Sigworth,       | Illinois.  |
| William Scott,        | Indiana.   |
| William H. Tompkins,  | Illinois.  |
| Pembroke R. Thombs,   | Iowa.      |
| John Ll. Williams,    | Wisconsin. |
| William T. Wilson,    | Indiana.   |
| James A. Williams,    | Illinois.  |
| John Zahn,            | "          |



## WHOLE NUMBER OF STUDENTS AND GRADUATES.

The following Table shows the whole number of Students and Graduates who have attended the Rush Medical College since its organization, in 1843, viz:

|               |            |          |        |            |    |
|---------------|------------|----------|--------|------------|----|
| 1st Course, - | 1843-44, - | Students | 22, -  | Graduates, | 1  |
| 2d do -       | 1844-45, - | do       | 46, -  | do         | 11 |
| 3d do -       | 1845-46, - | do       | 50, -  | do         | 10 |
| 4th do -      | 1846-47, - | do       | 70, -  | do         | 16 |
| 5th do -      | 1847-48, - | do       | 140, - | do         | 33 |
| 6th do -      | 1848-49, - | do       | 100, - | do         | 19 |
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